DRUG ABUSE IN THE AMERICAN SCHOOL SYSTEM, 1982

HEARING

BEFORE THE

SUBCOMMITTEE ON INVESTIGATIONS AND GENERAL OVERSIGHT

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

NINETY-SEVENTH CONGRESS

SECOND SESSION

ON

EXAMINATION OF THE GROWING PROBLEM OF DRUG ABUSE IN THE AMERICAN SCHOOL SYSTEM

JANUARY 27, 1982

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE
92-243 O WASHINGTON: 1982

S541-36

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DRUG ABUSE IN THE AMERICAN SCHOOL SYSTEM, 1982

WEDNESDAY, JANUARY 27, 1982

U.S. SENATE,
SUBCOMMITTEE ON INVESTIGATIONS
AND GENERAL OVERSIGHT OF THE
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:02 a.m., in room 4232, Dirksen Senate Office Building, Senator Paula Hawkins, (chairman of the subcommittee) presiding.

Present: Senators Hawkins and Humphrey.

Staff present: Jay Howell, chief counsel, Tim Jenkins, staff investigator, Terri Parker, staff counsel, Lisa Demetree, professional staff member, Constance Winter, staff assistant.

OPENING STATEMENT OF SENATOR HAWKINS

Senator HAWKINS. I would like to welcome you here today. We were waiting for Senator Humphrey, who is cochairing this hearing with me today, but he will be here shortly so we will proceed. I like to be prompt and I am sure every other Senator does, too. We value your time and your interest.

We are meeting as the Subcommittee on Investigations and General Oversight, and the hearing's title is "Drug Abuse in the American School System." Drugs and alcohol are a growing problem for young people today. The combination did not present a problem for me or my fellow students when my generation was growing up. We had our own problems, but none as complicated or destructive as this. These substances were not readily available in the schools in our neighborhood or on our streets.

Young people have always, experienced insecurity, great needs, curiosity, and pressure to challenge authority. These condiditions last for a long time. My youngest daughter is 20 years old and some of those are still present in her life. It was and remains simply part of growing up.

This generation's growing pains, however, are experienced in an atmosphere where drugs and alcohol are widely accepted. The consequences for those who stumble are far more severe. In today's schools and communities, drugs, alcohol, and sometimes detention centers are what await the curious and the confused. It is a nationwide problem that we found in our investigation, is experienced in every city, in every state. The effects of drug and alcohol abuse are

devastating. They threaten our educational system and they have paralyzed the American family.

In the last 10 to 15 years, drug and alcohol use among school age children has reached epidemic proportions. The problem is more widespread in this country than in any other nation in the Western World. While the dramatic rate of increase appears to be leveling off, I feel the condition remains critical.

According to a National Institute on Drug Abuse [NIDA] survey conducted in 1980, nearly two-thirds of this Nation's high school seniors have used an illicit drug, and two in five have used an illicit drug other than marihuana. To me these figures are alarming and must be taken very seriously. Alcohol use among these students is even more prevalent than marihuana use. The results of the NIDA survey are conservative because it did not include the substantial number of young people who do not reach their senior year in high school.

We discovered in our investigation that the problem starts before high school. More than half of the marihuana smokers first tried it between the ages of 11 and 15. Far more disturbing to me is that an alarming number of these children have also used hard drugs such as PCP, quaaludes, LSD, and the prescription types.

Too often we attempt to reach adult solutions, to what are primarily young people's problems. The threshold question that must be asked here is: What can be done at home, in the school, and in the court system, to prevent and cure drug and alcohol abuse among juveniles?

It is essential that today's discussion begin with testimony from those who have lived this nightmare. When we initiated this investigation, we were uncertain that the cancer could effectively be treated. Based upon what we have learned by interviewing dozens of individuals—we now believe that there is a great reason for hope.

Today, we are going to hear from those people who have helped provide that hope through their efforts at the family, school, rehabilitation, and juvenile justice levels. Their testimony will demonstrate that the battle can be won. We want this to be a positive hearing.

Our first witnesses will relate in shocking detail their experiences with drugs, alcohol, and unlawful conduct. These young people are all handsome and beautiful; they come from different parts of the country; they have varied backgrounds. They are all on the road back from serious bouts with drugs and alcohol. Their accounts support the premise that no family is immune to this condition. In addition, they will surprise most of you by their recommendation that the schools and the juvenile justice systems adopt a tougher stance with young offenders.

The second panel is comprised of law enforcement and judicial representatives who have been directly involved in juvenile drug- and alcohol-related cases. These respected officials will discuss their innovative judicial approaches and highlight students' problems and needs from an insider's perspective.

Finally, we are going to hear from counselors, educators, and parents who have devoted their lives to fighting this terrible prob-

lem. They will emphasize that cooperation among parents, schools, and juvenile justice systems is vital to a successful resolution.

The people in this country are looking to Congress for leadership on issues like these that so deeply affect the fabric of American society. I compliment my colleague, Senator Humphrey, for his work in this area as chairman of the Subcommittee on Alcoholism and Drug Abuse.

Our responsibility is to focus national attention on this issue. To that end, I have initiated a Senate drug caucus, designed to raise the awareness of the Senate to the devastating effects of drug abuse and trafficking, and will also be introducing legislation next week when the Senate reconvenes to deter drug distribution in and around schools.

At this point we will receive for the record a statement by Senator Kennedy, the ranking minority member of the subcommittee, who was unable to be present for today's hearing.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. Substance abuse is a growing National tragedy—tragic in that it accounts for the needless waste and destruction of hundreds of thousands of lives each year.

This insidious problem continues on the rise. The latest figures on drug addiction and abuse are alarming. According to NIDA, the National Institute on Drug Abuse, an estimated 22.5 million Americans either abused, or were addicted to drugs in 1980. Of that total, 67 percent, or 15 million, were between the ages of 12 and 25—4 million of them, children and adolescents of elementary and junior and high school age.

State and Federal drug treatment administrators warn that heroin, cocaine, and amphetamine use continue to steadily increase. Yet, this administration has chosen to cut Federal funding of treatment programs. In the aggregate, total Federal funding for alcohol and drug abuse programs went from $332.5 million in 1980 down to $224 million in 1982.

I find it difficult to believe that the current administration is aware of and fully appreciates the disastrous effects of its cuts in funding to treatment programs all across our Nation. Many of these programs are either being forced to close, or to severely curtail their services; waiting lists of those who seek treatment are getting longer and longer; many would-be patients are simply going without treatment; and, according to program operators, these crisis situations will become worse.

New York State anticipates that it will be forced to abolish 3,000 treatment slots within the next year.

In my own State of Massachusetts, officials project that almost 1,000 drug abusers will go without treatment; and currently there are approximately 500 individuals waiting for periods of as long as 6 months to be admitted to treatment programs.

A recent report from the City of Detroit indicates that 14 substance abuse treatment programs already have been shut down, resulting in an estimated "2,600 fewer clients per month receiving

substance abuse care and treatment than did a year ago," and the full impact of budget cuts is yet to be felt.

Partly in anticipation of Federal funding cuts, Dade County, Fla., which has one of the most serious substance abuse problems in the Nation, closed its program last October, and treatment programs for 600 hardcore drug addicts were abolished. As a former director of the Dade County program recently observed to my staff, "We are waiting for a timebomb to explode."

From Chicago comes word that the only drug-free outpatient treatment facility that had served 60 patients daily in the predominantly black south side of the city was forced to shut its doors; and it is estimated that the State of Illinois will lose more than 900 treatment slots as a result of cuts in Federal funding.

Treatment programs in our Nation's Capital also are in trouble, with young people having to wait in line for treatment they so desperately need. Fifty-five young people are waiting for admittance to Second Genesis, a residential therapeutic community; and at RAP, Inc., a similar facility, 100 are waiting to get in—some for as long as a year.

What is to become of the thousands of children and young adults who are being denied treatment and a second chance for a decent and productive life? The consequences are all too obvious and unthinkable. At worst, many will continue lives of crime to support their habits and more will die from drug overdose and other related causes. At best, others will return to yough detention centers, jails, and prisons where there is no treatment and rehabilitation to speak of and where they probably will only become more hardened to their destructive way of life. Is this what the current administration and the people of this Nation want? I think not.

The talk of belt-tightening and budget-balancing has no place in America's crisis of substance abuse. Treatment is cost-effective. The alternatives of imprisonment and hospitalization are both wasteful and ineffective. The cost of substance abuse treatment is half that of jailing and less than one-tenth that of hospitalization.

Therefore, I call upon this administration to readjust its priorities and restore the badly needed funding so urgently needed for substance abuse treatment. I also urge my colleagues on this subcommittee and on the Labor and Human Resources Committee to join me in working for restoration of these funds. The alternative price in human suffering and lives is far too high to pay.

Senator HAWKINS. I want to give a special welcome to those attractive and brave young people who are here today. We want you to be relaxed. I cannot tell you how much I personally appreciate your being willing to come forward and help us here today.

I had a hard time getting here myself, but this issue is very, very important to me. We are going to go down the line in order, starting with Terry. Then we will hear from David, Penny, Ken, and Mike.

We will start with Terry, since you are the smallest. They usually pick on the smallest one, right?

TERRY. Yes.

Senator HAWKINS. How old were you when you first became involved with drugs or alcohol?

STATEMENT OF TERRY, DAVID, PENNY, KEN, AND MIKE, A PANEL

TERRY. I had my first drink when I was in the sixth grade.

Senator HAWKINS. Sixth grade?

TERRY. Sixth grade; I was 11 years old. I guess about 3 weeks after that, I took my first drug, which was marihuana; I smoked some of that.

Senator HAWKINS. Where did you get your first drink? Was it at a party?

TERRY. What it was, it was a New Year's Eve and my parents were going to a party and I ended up babysitting. And so my very considerate mother went out and bought me and a girl friend a couple of bottles of champagne, I guess feeling that it would do no harm.

I was not exposed to drinking at all and I did not know how, you know, people drank, if they just sipped it or chugged it from a bottle. So, we just chugged from the bottle, because we thought that that would be the easiest way to get drunk.

With pot, I first smoked pot with my older sister.

Senator HAWKINS. How old were you then?

TERRY. I was 11, going into my first year of junior high school, going into seventh grade.

Senator HAWKINS. Were you still experimenting with alcohol on the side?

TERRY. Yes; what happened, when I drank the champagne, to say the least I got very sick, you know, but before I did, it was exciting and it was an adventure and it thrilled me, you know. It was something I wanted, so I guess on weekends I started drinking with my friends or people older than me.

Senator HAWKINS. Where did you get the alcohol?

TERRY. Stealing it from the house, stealing money from my parents, going out in front of liquor stores and asking someone to go in.

Senator HAWKINS. Were these people older than you? You could not go in, could you?

TERRY. Right, right, bigger than me.

Senator HAWKINS. You got these people to purchase it for you right?

TERRY. Right.

Senator HAWKINS. Then you would go to a friend's house?

TERRY. Yes, or out in the woods, a park—anywhere; it did not matter.

Senator HAWKINS. And you started mixing it with marihuana?

TERRY. Yes.

Senator HAWKINS. And you were still just 11 at that point? I want everybody to realize that you are still eleven years old.

TERRY. Right, right. Also, soon after that, I started taking other drugs. My mother had a history of migraine headaches and a couple of neighbors did too, and they would take Percodan, and Valium, and Tylenol 3 with codeine. I soon found out that if I faked having these headaches, then I would get some of these pills, too, and they were very freely handed out to me.

Then I figured out if I could drink and smoke pot on top of all this, I really caught a buzz.

Senator HAWKINS. What grade were you in at this age?

TERRY. About seventh grade.

Senator HAWKINS. What were the other children doing? What was the environment like at school? Was this something everybody did?

TERRY. Well, most seventh graders really do not start smoking pot, and doing drugs, and drinking as often as I did. They did it occasionally at a party or something, but I guess the ninth graders—I used to hang around a lot of them and they did that. You know, there were crowds in school and we would smoke pot in the bathroom and that kind of stuff.

Senator HAWKINS. At school?

TERRY. Yes.

Senator HAWKINS. Where did you get the drugs, other than out of available prescription bottles?

TERRY. Well, also, I was babysitting and I had a couple of babysitting jobs, and people have liquor cabinets and they have medicine cabinets, and I would just make myself right at home and go in there and steal as much as I could. When I left there, or not even when I left there, I would get high.

Senator HAWKINS. While you were babysitting?

TERRY. Right.

Senator HAWKINS. Do you think this is a common problem?

TERRY. What, for people?

Senator HAWKINS. For kids.

TERRY. Yes.

Senator HAWKINS. I mean, they do examine medicine and liquor cabinets of others while they are babysitting or visiting homes?

TERRY. I am sure they do. I found out since I have been sober that I am not different, you know. A lot of people do this.

Senator HAWKINS. Were the teachers aware when you went to school that you had a drug problem?

TERRY. Well, let me see; in junior high school I did not get caught very often for doing anything related to alcohol and drugs.

Senator HAWKINS. You confined it mainly to the weekends?

TERRY. Yes; on the weekends and in school. See, we used to think we were real slick and we were real cautious, you know. We would go in the bathrooms. The teachers have their special bathrooms, I guess, I assume, but they never came in there and caught us.

And we would go out for lunch and sneak off the property and go get drunk. You know, toward the end of my drinking, I was drinking daily—drinking in the morning, drinking in the afternoon; I mean, all the time, and using drugs. I was using a lot of quaaludes and smoking a lot of pot.

I would come into school; I was in summer school at the time because I had failed from the use of alcohol and drugs during the past year. I would lay out three chairs and put my butt in the middle one and just pass right out. I did not go to sleep; I passed out because I was drunk.

Senator HAWKINS. In school?

TERRY. At school. And the teacher's reaction—I do not think there was a reaction. Nobody ever said anything to me. They would

always wake me up and tell me to go to the next class. I was obnoxious, you know; I had a very bad attitude toward school and, like you were saying before, against authority. You know, I rebelled from it.

If someone asked me a question in school, I would get upset. "Why are you asking me," you know. I thought people were picking on me; I was the only one in the world, in other words. So, I guess they felt better if I just went to sleep and left them alone, but nobody confronted me.

Senator HAWKINS. How many grades did you sleep through?

TERRY. Oh, wow, I do not know; it varies. I know I slept through all of summer school, and that was in the 10th grade, my sophomore year. And in ninth grade, I know I slept a lot.

Senator HAWKINS. Did you get promoted to the next grade?

TERRY. Barely, barely.

Senator HAWKINS. A conditional promotion?

TERRY. Right.

Senator HAWKINS. And this started when you were in seventh grade, you said, and went on through high school?

TERRY. Yes.

Senator HAWKINS. What grades of school did you finish? You are still in school?

TERRY. Yes; what happened is I got sober midterm of that summer school year.

Senator HAWKINS. What grade was that, ninth?

TERRY. That was my sophomore year, and I went back to my regular high school last year for my junior year and I was not the big hit, you know. I would not give out some of my drug connections, so people kind of gave me a hard time. The first day of school, I got hit in the face by a friend, you know.

Senator HAWKINS. Because you would not——

TERRY. Give my quaalude connection to this person, because at this time I had been realizing that these things were killing me and I did not want to, you know, give it to anyone else for them to kill themselves. I had been told I was very lucky that, you know, I survived so far.

People did not like me too much. You know, if I was not drinking and doing drugs, they did not want me around; I threatened them.

Senator HAWKINS. Did you sober up by yourself or did somebody help you?

TERRY. I started going to self-help groups meeting at night and I met a lot of people who were sober 1 day, 1 year, 10 years, 15 years. My father and part of my family gave me a lot of support. My mother rebelled against—she was full of denial and she thought that I just overdid it and that I did not have a problem and I just needed to stop drinking. And I could not stop drinking; I did not think I could, until I had people backing me up.

Senator HAWKINS. This is a local organization that you went to?

TERRY. Yes.

Senator HAWKINS. Your dad took you?

TERRY. Yes.

Senator HAWKINS. Did he go with you?

TERRY. Yes.

Senator HAWKINS. You needed that support to get there, I imagine.

TERRY. I needed someone to hold me up, too.

Senator HAWKINS. What do you mean?

TERRY. Right. I was—how can I put it—wasted. I guess my last drinking experience—like I said, I was drinking daily. I was drinking in the morning. I would wake up in the morning and start drinking or taking drugs.

Senator HAWKINS. Did you hide it from your parents?

TERRY. Yes; I hid it pretty well, and I would always play games, like, on my mother and stuff, like get tobacco out of a cigarette and put it in a box. She would come running out—"Look, pot in Terry's room again," you know.

Senator HAWKINS. Where did you hide the bottles of alcohol, under the bed?

TERRY. In my closet.

Senator HAWKINS. In your closet.

TERRY. I would go out and buy one. At this time, I was working. I started working, I guess, when I was 14, on and off.

Senator HAWKINS. What did you do?

TERRY. Well, when I was 14, I was telephone soliciting, and then later on I was a waitress and I would have money in my pocket every single day and I could buy anything I wanted that day. I would buy my drugs off the street and I would go to a liquor store and send someone in to buy it for me because I usually knew people of that age.

Senator HAWKINS. What is your current situation?

TERRY. My parents?

Senator HAWKINS. How old are you now?

TERRY. Oh, my current situation? I am 17. I have gone back to that same high school and I have been sober about 19 months—19 months today; oh, that is pretty neat. Well, anyhow——

Senator HAWKINS. Happy anniversary.

TERRY. Yes, thank you. It is a big deal, you know; it is for me.

Senator HAWKINS. You come back every year and see me and tell me that, would you?

TERRY. OK, yes; another year, I hope so.

But I still go to these special help groups—self-help.

Senator HAWKINS. Are they at night?

TERRY. At night, 8:30, and talk about my problems. I know a lot of people who are sober that I can call on the phone.

Senator HAWKINS. Are you accepted at school?

TERRY. No, not at all. I have one friend in school—one friend—and I go to a rather large high school.

Senator HAWKINS. How many students in your school?

TERRY. I guess about 1,500.

Senator HAWKINS. Only one friend?

TERRY. There is a lot of drinking and a lot of drugging going on. Like, I could walk in the bathroom; I think one of the bathrooms is a hotspot in the wintertime because it is a little cold outside. I smell pot and people drinking. If I go out on the smoking court—I was talking about this earlier. There is a 14-year-old boy at school and he reminds me of me so much, and that is why it hurts, I think.

He is always drunk, or he has been smoking pot, and he can hardly walk, and all he wants to talk about is drugs and alcohol, and he is failing school. That was me when I was that age, but he does not know, you know.

Like I was talking earlier also, there is not one poster in my school about drug abuse or alcohol. We have an alcoholism counselor, I know, at our school. I have not seen him.

Senator HAWKINS. Does your school have an alcoholism counselor?

TERRY. Yes; I found that out, but I have not seen him. There are no places where people say, "Go get help." When I was drinking and I was hurting bad, things in my life were deteriorating and I wanted help, but I was too proud to admit it at that time.

But we had a drug program come in and they showed us a couple of films and told us not to drink and not to drug. They did not say, if you had this problem already, where to go for help. I was about in tears, you know, wanting to raise my hand and ask these people, but all my peers were sitting around me and I did not have it in me to do it.

Senator HAWKINS. How are your parents today? Do they work with you? I am sure they are proud of you.

TERRY. Well, my parents separated when I was drinking and they recently divorced. Me and my mother's relationship is not good at all. She likes to drink and I feel uncomfortable around—you know, I can go and sit around people who are drinking, but when they say: "Oh, this wine is good," you know, about a hundred times in 5 minutes, it starts clicking in my mind.

She does not feel I have a problem and she does not accept me for who I am. But my father and my grandmother—and I have an uncle also who I used to fight with when I was drinking—we are all buddies, you know. We are friends and I think I have gotten to know my family better, you know. I did not know them when I was drinking, and I did not care less about them either, much less myself.

They support me. If I need a ride to a meeting, they will go along with me or drop me off. We get along. When I have a problem, I know I can sit down and I can talk to them, where before, when you had a problem, I did not know you were supposed to talk about it, No. 1. And No. 2, I did not know who to go to, you know, but now I have everybody.

Senator HAWKINS. Have you talked to this little 14-year-old boy that you relate to? Have you spoken with him and helped him back?

TERRY. He asks me to go out and get high with him, but it is hard for me to just sit down with all these people and say: "I am sober; you know, this is where I went for help." Drinking is not good. You know, you have a great time being sober, you know, which I do, but they do not believe that, you know.

Senator HAWKINS. What would you tell us today? I know that you address parent groups, telling parents how to recognize this problem, and you are very good at it. What advice would you like to leave in this record for other young people and their parents? What would you do if you were in their shoes?

TERRY. First of all, I think I would educate myself on drugs and alcohol. You know, my mother did not know anything about it at all, you know. And many parents that I have run into do not know the first thing; you know, they do not know what a pipe is that you smoke pot out of or anything like that. I think that is real important. And I think teachers and school officials should also get educated.

I was speaking at a parents' group, I guess, almost 1 year ago and they had a sign up there that said: "Fight peer pressure with parent pressure," and that really hit me somewhere. I like that, you know, because I have worked with a lot of parents.

I think that, you know, if my parents knew something about drugs and alcohol—well, see, like, when I was drinking, my parents told me: "If you take LSD, you are going to light yourself on fire or jump off a building." And I said: "Oh, wow, I am never going to do that stuff."

But then when my friends started doing it, they were not lighting themselves on fire or jumping out of buildings. And I thought, this is pretty safe, and I did it, and I did it and I did it again, and again. And I still did not do that stuff, and I thought that they were lying to me.

I think that society as a whole just looks at it as oh, my God, you know, you are going to do this and that, because we hear all these stories. But they do not hear, I guess, the normal story toward it; you know, people do not do this, but it does, you know, long-term effects and it is insane, in my opinion.

Senator HAWKINS. You are a great example of one who has recognized her own problem and whose family has cooperated and worked with you to overcome it. I must commend you at such a tender age for being a good disciple and good teacher.

Do you plan to go to college when you graduate from high school?

TERRY. I am in my senior year right now and I am doing good in all my classes, except one, and I have to pass that one to get out of school. But, see, I missed so many years drinking, and drugging, and sleeping in class, and skipping school that it is like a cram course in 1 year and it has been real difficult.

But I plan to go to the community college in northern Virginia and take data processing, because I am taking a computer programing class right now. I think my life is shaping up and going in order like other people's do.

Senator HAWKINS. Well, we surely do appreciate your being with us today and showing that it can be done. I think you exemplify the hope that I spoke about in the opening statement. You are a great example that this problem can be recognized and treated with love and togetherness; that, indeed, it can be overcome.

I am perplexed and bothered that you have no friends. That is not common for someone your age, especially someone as attractive and friendly as you are. I am also very disturbed that teachers would allow you to sleep on three chairs for a 3-month class. It is incomprehensible to me, but this is what we are here for today, to hear from those that have experienced it; the real professionals in this area.

The records I have read from other Senate hearings on this issue all involved somebody telling us how to solve the problem that has not experienced it firsthand or actually been there and returned. We really do thank you, Terry.

This is Senator Humphrey to my right. I have only asked Terry questions so you may proceed with her.

Senator HUMPHREY. Very well. Thank you, Madam Chairman. I have an opening statement which I will simply submit for the record.

[The statement referred to follows:]

PREPARED STATEMENT OF SENATOR HUMPHREY

Senator HUMPHREY. I appreciate the opportunity to cochair this important hearing. As Mrs. Reagan has so appropriately stated: "This nation faces the danger of losing a whole generation of its youth to drug abuse."

Statistics compiled by the Institute for Social Research at the University of Michigan indicate that 65 percent of all high school seniors in the country report using some illicit drug other than marihuana. These figures indicate that the level of illicit drug use among young Americans of high school age is probably higher than in any other industrialized nation in the world.

Illicit drug sales are estimated to be at least $64 billion annually. I know it is unnecessary to tell the witnesses gathered here today what this underground economy has done to this Nation's children and its school systems. These statistics, and more importantly the young people they represent, cry out for action by all segments of our society.

A common understanding of the seriousness and pervasiveness of the problem, coupled with a commitment by government, families, schools, and courts to pool their collective expertise and work together for a common goal, will go a long way toward addressing this societal malady.

Recently there have been some encouraging signs. The development and rapid growth in the last few years of the parents' movement has begun to make an impact. According to the recent testimony by Dr. Pollin, Director of the National Institute on Drug Abuse, there are indications that a gradual decrease in the perceived peer acceptance of marihuana use in particular is taking place. However, a real reversal of the long-term trend toward drug and alcohol abuse will require a concerted effort by all the institutions which have impact on our young people: the family, the schools, and the courts.

I am pleased that these institutions are represented today, as are young people who have been involved with alcohol and drug abuse and have battled their way out of that abuse.

I will listen with great interest to the testimony of each of the witnesses here today. It is my sincere belief that recommendations from the people who are personally involved in the education and rehabilitation of our young people will be a significant factor in formulating the most effective policies for addressing this problem. I look forward to working with Senator Hawkins and my other col-

leagues in exploring and implementing these policies to address this treacherous social problem.

Let me add in addition to that that I am delighted, as chairman of the Subcommittee on Alcoholism and Drug Abuse, to cooperate with your Subcommittee on Investigations to further broadcast the truth about the devastating effect of alcohol and drug abuse on our young people.

I assume, after speaking with Terry, we are going to——

Senator HAWKINS. Go down; after Terry, we will have David.

Senator HUMPHREY. Very well, then, let me ask a few questions of Terry.

Surely, young people follow different routes in falling into drug and alcohol abuse, but is there some common thread that runs through these various avenues? What starts them out on the road to abusing alcohol and drugs?

TERRY. I really cannot talk for everybody.

Senator HUMPHREY. I understand.

TERRY. But, for me, I think it was watching other people do it, you know, and it looked so exciting, like an adventure, you know. As you know, there are a lot of people who do this kind of stuff, and if you do it, you are going to have a whole lot of friends, and I wanted that.

From people I have talked to who have the same experience I do, they all feel that, you know, they wanted friends and that was important, and lot of peer pressure and just rebelling from the parents, you know. You are not supposed to do that, but they do it, you know.

Senator HUMPHREY. Yes; so, whatever the original cause or creation of the drug culture, today it is largely a matter of peer pressures?

TERRY. Yes.

Senator HUMPHREY. Falling into drug and alcohol abuse among young people is largely a matter of peer pressures and rebelling against parental influence and authority. Is that what you are saying?

TERRY. Yes.

Senator HUMPHREY. You said something, I think, very revealing and important in your earlier responses to Senator Hawkins. You said that, with respect to your teachers, nobody confronted you. Your teachers saw you stretched out on chairs, passed out, obviously in some kind of distress, and yet they apparently felt that it was the easier course to ignore you than to confront you.

Nobody confronted you. None of your teachers confronted you?

TERRY. Right, and——

Senator HUMPHREY. What about—excuse me; go ahead.

TERRY. What I was going to say is nobody confronted me, and nobody is, in my school today, confronting anybody about a problem, and there are a lot of people who go in there really drunk, you know. They just send them home. They do not say: "Hey, you know, let us talk."

You know, I tried to get off school to do an interview with someone, you know, to tell them about my experiences with drugs and alcohol. And the principal of my school got very defensive and said, "We do not have an alcohol and drug problem in this school," and

I have run into that a lot, you know. They are very ignorant and they do not want to admit that their school has a problem.

Senator HUMPHREY. Well, is it really ignorance or is it fear, or for some reason being unwilling to acknowledge the problem?

TERRY. I think it is fear too.

Senator HUMPHREY. It is a very difficult problem to deal with—a very ugly and frightening problem and one over which, certainly, teachers do not have any practical authority. But, of course, that is no excuse for not confronting and refusing to acknowledge the problem.

What about your parents, or parents in general, speaking as a peer? Do parents confront young people or do they hide their heads in the sand?

TERRY. Well, my parents—what they did is, if I came home drunk, they would let me know that I was in big trouble. I used to like to sneak out of the house at night and party all night and climb back in my window or something. I would come back and people would be sitting there waiting for me, you know—my parents. All they did was basically put me on restriction. You know, they thought it was a phase that every young person goes through.

But I have run into a lot of parents. Like Senator Hawkins said, I work with a lot of parent groups in the northern Virginia area and, you know, they are learning how to deal with the problem for themselves to help their kids. I think that is real important.

Senator HUMPHREY. So, your parents were concerned and, to some extent, confronted the problem, but were not able to help you. They did not know where to turn themselves, perhaps?

TERRY. Right.

Senator HUMPHREY. They tried to discipline you, but really gave you no real help?

TERRY. Right; I think that by the time they did, you know, I started getting into more trouble and more trouble.

Senator HUMPHREY. Yes.

TERRY. Alcohol and drugs had become my life, the center of my life, and I was not willing to give that up. I thought that being put on restriction or getting a ticket from the State police because I was driving without a license or something—everybody had to do that kind of stuff, you know. If you are going to drink and drug, you have got to pay the price.

Senator HUMPHREY. We know how your alcohol and drug abuse affected your school life. How did it affect your family life? Do you have brothers and sisters?

TERRY. I have an older sister and a younger sister and a little brother, and my little brother and my little sister were kind of afraid of me for a while.

Senator HUMPHREY. Do you feel that you might have led them into similar experiences, or is it the other way around?

TERRY. I feel that I probably would have, if I had been around. See, I had moved from my family to come over here to straighten up with my grandmother. Well, see, I was babysitting two twin boys that were 10 years old and they were buying pot at school. They were in elementary school and I would get them stoned and they would get me stoned, and I would get them drunk and they would get me drunk.

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I am sure I would have put it on my little sister, too. You know: "Hey, let us go and get stoned."

Senator HUMPHREY. Well, there is apparently a good deal of unhappiness between your parents. Do you think that is to any extent the result of your problems or is it vice versa.

TERRY. I blamed myself for my parents' separation for a long time.

Senator HUMPHREY. You do?

TERRY. I did.

Senator HUMPHREY. You did.

TERRY. But it was not my fault, you know.

Senator HUMPHREY. Was their unhappiness the fault of your problem?

TERRY. They were very unhappy with me, you know. My mother had disowned me after something happened that I was a victim of, but she did not see it that way. And in my opinion, she is pretty sick herself; I do not know what the problem is.

Senator HUMPHREY. But what I am getting at here is, Is it your opinion that the young people who fall into alcohol and drug abuse are the result of unhappy homes, or do they come from happy and stable homes as well?

TERRY. I think they come from happy and stable homes; they come from the ghettoes—everywhere; all walks of life.

Senator HUMPHREY. Have you heard the term used among your peers of "burn-out"?

TERRY. Yes.

Senator HUMPHREY. That is not a medical term, as I understand it; that is a term of young people. What does that mean?

TERRY. Well, that is hard to decide. I was called a burnout a lot when I was real stoned or on my drugs, on my quaaludes. I would sit back and I was not real talkative.

Senator HUMPHREY. Yes.

TERRY. I was just kind of flaky upstairs.

Senator HUMPHREY. I think it is significant. You know, whenever persons in authority try to lecture people or educate them about the real physical effects of alcohol and drug abuse, it tends to have a counterproductive effect. And yet, young people themselves, through recognizing burnouts and coining and using that phrase, I think themselves unconsciously acknowledge that there are, in fact, some very serious effects of alcohol and drug abuse.

I think, Madam Chairman, I will——

Senator HAWKINS. Thank you, Senator.

Let us wrap this up, Terry. As of today, there are no posters in your school stating that if any students here feel they have a drug problem, they may go see Mr. Smith, or "we have a drug counselor, we have an alcohol counselor; his or her name is, and they are in room 1202 from 10 to 4, and please drop by and check." There are no posters like that in your school anywhere as of today?

TERRY. None.

Senator HAWKINS. The bathroom is still the place to go, from what you are saying.

TERRY. The bathroom. We have off-school lunch privileges and you can go anywhere you want to. People have cars. You can buy beer at the 7-Eleven in Virginia, you know, and there is one right

up the street. There is everything going on in school—people cutting classes.

Like I said, I have had my ears and my eyes open for a message, you know, coming from the school, saying: "Hey, you know, if you want to learn about alcohol and drug abuse or you think you have a problem, this is who you can go to," like you said.

But in other schools I have been in in Arlington and Fairfax, and whatever, some schools have that, and I have been to schools and talked to kids my own age and I have seen a lot of results. I have seen a lot of people come into the program that I am in and get sober.

Senator HAWKINS. So, you would recommend that these things be done?

TERRY. Well, see, just like the total rebelling against authority—like, if I was drinking and you came to me and spoke to my class and said: "Do not drink and do not do drugs," I would have laughed, you know. But if someone my own age came in and said: "Hey, this is what, you know, I did and this is what happened, and this is where I went to get help," instead of saying, you know: "Do not do it, it is going to kill you," or whatever, people can relate and they feel more relaxed, I think.

Senator HAWKINS. Would some authority figure in the bathrooms be helpful?

TERRY. I think so.

Senator HAWKINS. Or would you just find another place?

TERRY. Well, the people who really wanted to do it that bad would find another place, you know.

Senator HAWKINS. But it might deter those that know that that is the place right now?

TERRY. Right. Well, see, it is cold outside.

Senator HAWKINS. I noticed that.

TERRY. And there are not too many people out there going out there and smoking pot and drinking. And the bathroom is heated and it is right around the corner from your next class, and it is crowded in there. You cannot hardly even walk in, and I think somebody needs to go in there even to let the people get in to go to the bathroom during the break, you know. There is no room.

Senator HAWKINS. How about off-school lunch privileges? You talked about that. I remember I could not go off campus as a youngster; we had to stay on campus at all times because the school was the custodian of my well-being from the time I left the house until the time I returned. Then it became in vogue when young people had cars to walk across the street and get a bad sandwich instead of staying at school and getting bad sandwich.

The idea that you could leave became the in thing to do, to go off to lunch. Do you think that is good? Would it be better if we kept the students on the campus?

TERRY. I think it would be better because what we do is we have fourth period and then break for lunch, and you should see how many people end up in fifth and sixth period—not too many.

Senator HAWKINS. They do not come back?

TERRY. They do not come back; a lot of them do not come back. And I feel that if we were allowed to stay on school grounds, the authorities there could, you know, keep an eye on everybody, you

know; just advise us and stuff like that, because people are going out and getting high and coming back, or going back and bringing beer to the school, and just all kinds of crazy stuff.

I think they should stay there and learn, because that is what I am doing in school. You know, I am there to learn, and I think that school is becoming more of a party.

Senator HAWKINS. A party?

TERRY. A party; you know, "Let us go get drunk."

Senator HAWKINS. And now you have learned you have to have an education?

TERRY. Right.

Senator HAWKINS. I really want to thank you, Terry. You have been so helpful and we will be calling on you in the future as we mold some recommendations to correct this pervasive problem.

We have in the audience with us today a group of young people from the Second Genesis program that has been so successful in this community. I want to thank you all for coming. I am finding out today that the ones to learn from are young people, not the adults who may be defensive or predisposed in their position on this matter.

David, we welcome you here today. How old were you when you first became involved in drugs?

DAVID. I was in sixth grade. First of all, I started drinking when I was 9 years old. I started to drink my father's beer. My mother's liquor was downstairs. In sixth grade, I started cutting school and I started getting high in sixth grade.

Senator HAWKINS. What did you get high on?

DAVID. What did I get high on? I started smoking marihuana.

Senator HAWKINS. Did you have to buy it?

DAVID. Yes.

Senator HAWKINS. Where did you get the money?

DAVID. What?

Senator HAWKINS. Where did you get the money to buy it?

DAVID. Where did I get the money? I stole it from my parents.

Senator HAWKINS. You stole it from your parents?

DAVID. Yes.

Senator HAWKINS. Was it expensive?

DAVID. No, not really. At the time it was $5, $10, but I mean all the way to a quarter pound; $400 a pound. It is like you would buy meat or in a store.

Senator HAWKINS. How many of your classmates were like that in sixth grade?

DAVID. Well, at the time in sixth grade, there was only me and about four other guys that lived in the neighborhood in Glen Burnie that got high at the time and were drinking.

Senator HAWKINS. Out of how many?

DAVID. I would say maybe 200 students.

Senator HAWKINS. 200 students, and about a handful of you that were showing them how?

DAVID. Yes.

Senator HAWKINS. Did it affect your school?

DAVID. Yes, very much.

Senator HAWKINS. Right away, or did it take some time?

DAVID. It got worse and worse.

Senator HAWKINS. When did you get heavily involved?

DAVID. By the time I got in seventh grade, I started using acid, LSD, a lot and I started doing barbiturates.

Senator HAWKINS. In seventh grade?

DAVID. What?

Senator HAWKINS. In seventh grade?

DAVID. Yes.

Senator HAWKINS. Continue.

DAVID. My parents were using Percodans and things like that for back troubles—painkillers. And I was at the wide range where I was going to medicine cabinets looking for anything I could to do and get high on.

Senator HAWKINS. Did you mix the drugs?

DAVID. Mix it up; I would do everything—drink, anything I could, you know, just to get me stoned so I would not have to face reality, you know, as far as a lot of troubles, confusions.

Senator HAWKINS. Did you go to school?

DAVID. Did I go to school?

Senator HAWKINS. Yes.

DAVID. About 65, 70 days out of a year of school. I did not go to school that much. The only time I did go to school was to be the class clown, you know, more or less.

Senator HAWKINS. You were real entertaining?

DAVID. Yes.

Senator HAWKINS. They missed you when you were gone?

DAVID. Yes.

Senator HAWKINS. How many years did this last?

DAVID. All the way up to the 10th grade. I stayed in the 10th grade for 3 years.

Senator HAWKINS. Tenth grade for 3 years?

DAVID. Yes.

Senator HAWKINS. That was your favorite class?

DAVID. Yes.

Senator HAWKINS. You kind of hated to see that one go by.

DAVID. Yes.

Senator HAWKINS. How did you get in 10th grade? I want to know how you passed through to the 10th grade.

DAVID. I passed the 10th grade by the skin of my teeth. I do not know how I did it, but I passed the 10th grade. What helped me was vocational school, learning trades, voc tech. Like, I was very interested in that, and I had it three classes in the morning and I went there from, 7:30 until about 12. Then I got out, and my house was right in back of it, so then, from there, I just walked out the door, went through the woods and went home, and that was it. And then I might go to two periods a day at the regular school.

Senator HAWKINS. Did your drug habits ever get you involved in any criminal activity?

DAVID. Yes.

Senator HAWKINS. Tell us about it.

DAVID. Well, the more drugs I was using, the more physical habitat—I was adapting to it. I was at the point where I had to have drugs; I had to have them to function. Therefore, I needed a lot of money.

I was spending $100, $200 a week sometimes on drugs. And at the age of 16, I was working at Dino's restaurant and two other restaurants until 17½ and even that was not enough money for me. I started doing B. & E.'s—breaking and enterings—I started stealing from my parents. I stole a variety of jewelry from them and anything that was worth money.

Senator HAWKINS. How did you convert it to cash?

DAVID. Excuse me?

Senator HAWKINS. How did you convert it to cash? Would you trade the jewelry for the drugs?

DAVID. Yes; I cashed the jewelry in at a gold store—you know, a store that sells jewelry.

Senator HAWKINS. And then go buy the drugs?

DAVID. Yes.

Senator HAWKINS. Did you get caught?

DAVID. Did I get caught cashing in gold?

Senator HAWKINS. Yes.

DAVID. Yes; I did, and I was going to GED school, and this was after I got kicked out of school. And I took this high school ring to school one day that I stole from this house that I broke into, and I showed it to this guy and he wrote down the name on the high school ring. And at this time, I think I got $60 for it. I went out and I bought me some drugs and some alcohol.

And my mother came looking for me. I told her where I was at one night, and the detective was at the house and said: "Did you do a B. & E.? Somebody called in and said you stole a ring from a house." And I kept on denying it. I said: "No, no, no." And then finally I just told him and we went down to the jewelry store, and when he got me in there and I showed him the place where the ring was—as soon as he turned his back, I was gone; I ran from him. I had to go do my last little bit of drugs.

And then I stayed hiding from him; I hid from him for a couple of days. I did not go home; I did not let my parents know anything about it. And then finally, he was sitting on a street corner one day in his car and I rode by and he pulled out in back of the car and pulled us over and he took me down to the police station.

Senator HAWKINS. And what happened?

DAVID. What?

Senator HAWKINS. What happened?

DAVID. What happened?

Senator HAWKINS. Yes. Did you get arrested?

DAVID. He took me down to the police station and fingerprinted me, and read me my rights and everything like that, and then I went to court. I got back out. Do you want me to go on and tell you on and on what happened?

Senator HAWKINS. Yes.

DAVID. OK. Three nights before I turned 18, I did another B. & E., and I got caught for that. And they took me down to the police station again. They were harassing me to "give us some information on people in your neighborhood that were doing things."

There was only a certain crowd that was harassing the neighborhood. I would not give them any information, so they let me go again, so I had another charge. So, the next night, I was walking

through a parking lot and this time I just copped a quarter pound of pot and some cocaine.

I was going to work to pick up my paycheck at the Family Fish House and the police pulled up and he said: "You fit the description of two people that just robbed a gas station." I did not rob the gas station. I was walking to a friend's house to sell him some pot.

So, I got to the front door and he pulled up and he said: "Get up against the car," and everything like that. So, I got busted right there. They took me down and they booked me, put me in a cell, and called my parents. My parents came down and got me out.

Now, the next night, I got busted for attempted auto theft.

Senator HAWKINS. Every night, this became a nightly occurrence?

DAVID. Yes; three nights before I turned 18.

So, I got busted for attempted auto theft. I was down at Millersville police station and my parents finally said: "Hey, I am not coming down and getting you." They told the officer to lock me up and throw away the key.

When they took me in there, I was emotionally disturbed. I tried killing myself in the cop car; I was beating my head against the window. I was drinking Bacardi 151. It just seemed like the more and more I was going through, I was just so emotionally down. I tried killing myself various types of ways.

Senator HAWKINS. And you are 18 now?

DAVID. I will be 19 on February 26.

Senator HAWKINS. You went through all this in the last year or so?

DAVID. Yes.

Senator HAWKINS. How did the courts handle your problem? What did the courts do for you?

DAVID. I thought court was a joke.

Senator HAWKINS. Court was a joke?

DAVID. Yes, I really did. At various times, I went there for things. It was like more or less they slapped me on my hand and said: "Don't do it again."

Senator HAWKINS. Be a good boy?

DAVID. Yes; and the same way my parents handled the situations. I could get out of anything. The only thing I had to do was go up to my room, and cry, and throw a tantrum, or whatever you want to say, and blast the stereo, or something like that, and I would get my way.

Like, one time I did get locked up, I got put in Waxter's and it was for stealing a ring from my aunt. When they put me in there, I was put in there for 3 weeks. I was supposed to be in there for 1 month, and my parents got me——

Senator HAWKINS. In where?

DAVID. In Waxter's Detention Center.

Senator HAWKINS. Detention center?

DAVID. Right. And I told them I was not going to do drugs any more. More or less, I was dishonest to them; I lied to them. So, they got me out. As soon as I got out, within an hour, I went down and bought four or five quaaludes and drank a pint of JD, and went home. And at this time, my father was drinking very heavily. He is a truckdriver and he drinks a lot.

I remember walking in the door and there were a bunch of beers sitting around. He just grabbed me, shook me, and beat the crap out of me. And I went upstairs and I just remember sitting there, crying. Why does this have to be me? I tried slicing my wrists.

And at the time, my mother came home and I had the bedroom door locked. And she came in and she said: "Oh, my God, what happened?" And I blamed it on my father. I said: "He beat me up," and I cut my wrists on a sharp cabinet edge—one of those handles on the cabinet—and I tried to put it off on him.

That is the way I grew up, trying to put my problems and my faults on everybody else instead of me.

Senator HAWKINS. Were your teachers aware of this? Did you ever have a teacher try to help you?

DAVID. Yes, I have had plenty of teachers try to, but I laughed at them. I did not want their concern, or their help or anything. Even my parents would try to help me in a way and I just laughed at them and played it off as a joke.

Senator HAWKINS. How did you come to find out about the Second Genesis program?

DAVID. Through court. The last time I went to court, Terry Devald, my probation officer, said: "Have you heard of Second Genesis?" First of all, he asked me: "Have you got a drug problem?" And I said: "No" and I laughed; I said: "No, I have not got a drug problem."

So, I went back to Waxter's and I came back again, and he was telling me about an interview at juvenile systems. So, he asked me again, he said: "Have you got a drug problem?" And this time, I was in there about 17 days and I turned 18 right in Waxter's on February 26. So, he finally asked me and I just started breaking down and crying, and I said: "Yes, I have got a drug problem. Can you help me?"

And when I was in there, I finally realized, you know, what was going on and what was happening. So, when I went down there, he said: "OK, we will try to recommend you to Second Genesis." I had three charges facing me. So, I went to court and I had a judge and she was a lady and tried to play the role to be tougher than a guy. So, I was kind of scared.

Senator HAWKINS. Lady judges are tougher than the guys?

DAVID. Yes. You know, that is the way I see it.

Senator HAWKINS. Kind of like your mama?

DAVID. Yes. So, anyway, she kept going on: "Well, we could give you training school; we could give you a forest or camp, or something like that." And I stood up, you know, and I said: "I would like to go to Second Genesis; I have got a drug problem."

Senator HAWKINS. So, she let you choose which program?

DAVID. Yes.

Senator HAWKINS. She gave you a choice, and you said: "I am going to take Second Genesis?"

DAVID. Yes. So, I stood up and I said Second Genesis. You know, I said: "I have got a drug problem." I told her a lot about my problems—things that I did to my family and all the things revolving around growing up.

But at the time, I did not want to go to Second Genesis. I heard a lot of bad things about it on the street. When I told a couple of

friends I used to hang around with and get high with—I told them: "Yes, I am going to go to Second Genesis." At the same time I said it, though, I would be laughing. "Yes, I am going to go to Second Genesis."

Senator HAWKINS. Yes, big joke.

DAVID. See, I heard a lot of bad things, like making you scrub floors with toothbrushes. They shave all your hair off and they make you wear signs, and all kinds of crazy things.

Senator HAWKINS. That was the street talk about it?

DAVID. Yes. I said that must be a looney house, you know; I did not want anything to do with it. So, finally, when I went to Second Genesis, it was not anything like that.

Senator HAWKINS. They did not shave your hair?

DAVID. No; they used to, but, no, it is nothing like that. As a matter of fact, Second Genesis—I like it a lot, you know. It is a respectable place; I respect it a lot for what it has done for me and how I have helped myself in there.

Senator HAWKINS. How has it changed your life?

DAVID. It has changed it completely around, like, as far as being responsible, knowing that I can go to somebody and talk about my feelings, being honest with people, changing my ways of stealing, and being dishonest, and lying all the time. It has really helped a great deal as far as believing in myself, believing I can make it now, instead of always putting myself down.

Senator HAWKINS. What advice would you give us here as Senators that we can relate to the courts? Do you have advice for the court system? Could the court system have helped you sooner? You said earlier it was a joke.

DAVID. Yes.

Senator HAWKINS. Could the court system have really helped you earlier?

DAVID. Could they have really helped?

Senator HAWKINS. Really helped you earlier. I mean, you seem to have had several encounters with the court.

DAVID. Yes, probably. But, see, I cannot really say. The only thing that I can say is maybe they should go a little bit harder for me, especially, because if a person is using drugs, I mean they do not care. I mean, even myself, I did not care about the court system.

When you are signed into a place like Waxter's, or any training school, or anything, all the kids—I mean, it is more or less a joke. They kind of like rap about it; it is a big joke. I mean, they have got a TV in there and a pool table. It is like a motel, really. I thought it was; watch TV, play pool, play cards.

The thing I learned in there is how to be more slicker.

Senator HAWKINS. How to be what?

DAVID. More slicker.

Senator HAWKINS. More slicker?

DAVID. Yes, as far as, learning more about the streets.

Senator HAWKINS. How to really steal the marbles out of their pockets?

DAVID. Sure; getting away with things.

Senator HAWKINS. You learned how to be a better thief, right?

DAVID. Yes.

Senator HAWKINS. So, you would advise us as adults to be stricter and at an early age?

DAVID. More strict; place more demands on them; more about drug rehabilitation programs.

Senator HAWKINS. You would recommend more places like Second Genesis, rather than the detention centers where there is sort of a pool hall atmosphere?

DAVID. Yes; more rehabilitation centers.

Senator HAWKINS. I really think it is wonderful that you have realized that there is a better way to live and that you are willing to share it with others. Are you going back to school now?

DAVID. Well, I took my GED 3 weeks ago.

Senator HAWKINS. That is your equivalency test?

DAVID. Yes.

Senator HAWKINS. How did you do?

DAVID. I do not know; I think I passed it.

Senator HAWKINS. And then what are you going to do?

DAVID. Then what am I going to do?

Senator HAWKINS. Yes.

DAVID. Well, right now, the program has got three steps to it. There is phase 1, initial, and then there is intermediate, and then there is conclusion, and then there is phase 2 and phase 3. Right now, I am about at the halfway stage. I am in the conclusion of phase I, learning about voc rehab, work skills, interviews, and things you are going to have to deal with out there in society as far as getting a job, and the fears, and the insecurities around it.

Senator HAWKINS. Do you think you are cured and you are not going to be on drugs any more?

DAVID. Do I think I am cured?

Senator HAWKINS. Yes.

DAVID. I have got confidence in myself now.

Senator HAWKINS. Good.

DAVID. Before I did not have any at all.

Senator HAWKINS. You sure have a lot to be confident about, David, and I want you to stay in touch with us and see how this progresses. You could be of great help to other people of your age, and also to educators. I think that we as parents and educators and those interested in the judicial system are learning from you here today that we need to be constantly tough and stern.

DAVID. I got my way all the time.

Senator HAWKINS. You always were the boss, right?

DAVID. Yes, I got my way all the time.

Senator HAWKINS. Senator Humphrey, do you have any questions for David?

Senator HUMPHREY. David, you said your father drinks a lot. Do you feel that led to your alcohol and drug abuse? Do you think he set a bad example, or is that not a factor?

DAVID. Yes; it did affect me, and the reason why it did is because my father took out a lot of problems on me. Like, for instance, in school a lot of times, in first and second grade, I would ask him for help and after about 15 or 20 minutes, he could not sink it in my head. He would say I was dumb and then he would say: "Well, you are as dumb as your mother," and would compare me to my sister and how good she was doing—and my mother would, too. It was,

like, compare and put me down, compare and put me down, you know.

And I ran with that conception that I was no good, and I was dumb, and stupid, and that everybody else was better than me. But since I have been at Second Genesis, he stopped drinking for some reason. When I go home or something on days out, there is not one beer around the house or anything. And I am just glad, you know, that he has found some help that could help himself.

Senator HUMPHREY. Do you think that parents setting a bad example by abusing alcohol and drugs is a factor, generally speaking—not just in your own personal situation, but generally speaking—among the peer group? Is setting a bad example by parents part of what leads young people into abusing drugs and alcohol?

DAVID. As far as abusing, yes; as far as, you know, parents abusing it; family situations, arguments around kids. That used to hurt me seeing my parents fight all the time.

Senator HUMPHREY. Whose fault is it that you fell into abusing alcohol and drugs?

DAVID. It is really myself. I mean, nobody twisted my arms, and I really cannot blame them. A lot of it came from me, just like Terry said about being accepted. I always had to have drugs or money to be accepted, and therefore I always had a crowd of friends around me with these things that I had.

Senator HUMPHREY. So, mostly, you think it is a case of accepting responsibility for your own behavior and your own destiny?

DAVID. Yes, and peer pressure.

Senator HUMPHREY. Not blaming it on others, although certainly the environment is a factor, would you agree?

DAVID. Yes.

Senator HUMPHREY. What should your parents have done, David? You said that you stole from them. Did they suspect your stealing?

DAVID. Yes.

Senator HUMPHREY. Did they confront you consistently?

DAVID. Yes, they confronted me, and I lied. I mean, I told them I did not do it.

Senator HUMPHREY. And they accepted those lies? Do you think they believed you?

DAVID. No; I know they did not believe me.

Senator HUMPHREY. You know they did not believe you?

DAVID. Yes.

Senator HUMPHREY. So, they did not truly confront you? You know they did not believe you, but they did not——

DAVID. Well, I mean, they asked me and I always said "No." Like, even times when I was honest about something—like, take this, for instance. One time, I got up out of bed and it was in the middle of the night and there was a watch sitting on a table downstairs. My mother's curler bag was there, and I picked up the watch in the morning to see what time it was and I put it in the curler bag.

They had the curler bag sitting up in the room for 2 weeks and they told me I stole the watch, and then I told them I did not. They were looking through the trash cans; I could have thrown it in the trash can. They beat the crap out of me and kept on accusing me.

They found it 2 weeks later in the bag and they came and apologized to me. But I had that reputation around the house as a thief.

Senator HUMPHREY. What should parents do, as a general statement, when they know or suspect their children are involved with alcohol and drugs to the extent of getting further involved in crime? What should parents do?

I get the impression that because they are frightened, perhaps, or do not know where or to whom to turn, parents, in effect, bury their heads in the sand. What should parents do when they first begin to suspect that their youngsters are getting into alcohol and drugs, and perhaps even crime? What should parents do?

DAVID. Know a little bit more about it, and also show a little bit—I guess the way I felt is attention and concern, I mean like really feeling it. See, my parents—the only way I really found love from them was they bought me everything I wanted. That is how I felt their love. I did not feel it as a deep concern or really sitting down and talking to me.

When my father was drinking, I mean I could not go to him as much as I wanted to, I was scared of him, I really was. And my mother—I thought she was as dumb as me, I really did.

Senator HUMPHREY. So, you think that parents should seek to have a more honest and open relationship with their youngsters. But, often, that is difficult; that is often difficult. Should they then seek outside help in bringing themselves back together with their youngsters?

DAVID. Sure, such as therapy, family therapy. Since I moved to Second Genesis, the family therapy I have—our family is so close now, and I mean any time I have got a problem I will tell them about it and they really understand. There is just so much concern and respect and love there, it is like a whole new beginning for me as far as growing up.

Senator HUMPHREY. You had a horrible family relationship, but now you have a very healthy one, thanks to the family counseling part of Second Genesis?

DAVID. Yes.

Senator HUMPHREY. I think there is a very important message in that, Senator Hawkins. I have heard that elsewhere. Parents must first confront the situation instead of pretending it does not exist, and if they are unable to handle it themselves they should know that there are many organizations today available which are very effective in helping them deal with this problem.

What should teachers do, David? If you had it to do over, what would you have had your teachers do? How could they have helped? Did they ignore your problem as they did in Terry's case, or did they confront it and try to help you in any way?

DAVID. The only time they tried to help me was when I got sent up to the principal's office for being suspected of being high. And at that time, I was only suspended; I mean, not sitting down and really wanting to talk to you: "Hey, you know, are you on drugs," and blah, blah, blah, you know, on, and on, and on.

Senator HUMPHREY. So, the standard case of going to the principal or being suspended is sort of ineffective routine treatment of your problem, is that it?

DAVID. Yes.

Senator HUMPHREY. No counseling, no attempt to really get into the heart of the problem?

DAVID. No; the only time that there was was when I went to high school, Glen Burnie High School. There was this one science teacher that did counseling between my family, and I mean it did not help at all. I have been through various counseling centers, like teen centers, youth centers, and nothing ever worked, nothing. And now it is all falling in place.

Senator HUMPHREY. And, likewise, what would you have the law enforcement people you came into contact with—policemen, judges—what would you have had them do differently?

DAVID. Have them do differently?

Senator HUMPHREY. Yes; do you have any advice for them?

DAVID. Place more demands; maybe know a little bit more about Second Genesis and various other drug rehabilitation programs for young adults.

Senator HUMPHREY. You mentioned that you kind of got turned on to school activities when vocational training became available to you. Do you think part of your problem was boredom with your studies? Was that part of it?

DAVID. Yes, that was it, too. Also, like I said, when I asked my father for help in math—math is my lousiest subject, and therefore I hated school, I really did, after that time, asking him for help. I did not want anything to do with it. That is when I started failing sixth grade at that time, and I never asked for help in school.

Senator HUMPHREY. My last question: you obviously have a lot of affection for the people at Second Genesis and the program. I noticed that one of the ways in which you characterized the atmosphere there was that they made you feel responsible. Can you elaborate on that a little bit? It sounds almost like the dynamics of the programs for alcoholism; they make people take responsibility for their problems and for their future. Is that what they have done at Second Genesis, required you to be responsible for your behavior?

DAVID. It is a self-help program. I mean a person can go in Second Genesis—staff or anybody can hold you accountable, OK?

Senator HUMPHREY. In what way?

DAVID. In what way? Like maybe screwing up; the tabs out there are bigger then at Second Genesis.

Senator HUMPHREY. The what?

DAVID. The tabs out there.

Senator HUMPHREY. Tabs?

DAVID. Yes, tabs.

Senator HUMPHREY. What is that?

DAVID. OK, say you get in trouble or something.

Senator HUMPHREY. Yes.

DAVID. And you might go to jail, or something like that, or stealing, or anything like that. In Second Genesis, the tabs make you really realize; I mean, it slows you down.

In what way? By making you responsible as far as being independent on yourself; leading a good life, and knowing, you know, and accepting your problems instead of running from reality all the time; you know, making you face that situation; growing up.

Senator HUMPHREY. Thank you, David.

Senator HAWKINS. Thank you, Dave.

Penny, we are going to go to you now. At what age did you first start using drugs?

PENNY. I was 12 years old. In elementary school, I was smoking pot with older peers. I did not think that anybody else was doing it but me when I first started, but I found out later on that a lot of my peers in elementary school were smoking pot and drinking.

Senator HAWKINS. Were the drugs readily available at school?

PENNY. Yes. Well, not at school, really; it was not an open issue at that time. But if you had an older friend, or an older brother, or sister, it was really available easy.

Senator HAWKINS. Did you buy them or were you given them?

PENNY. I was given them my first couple of times, and then, like Terry, I started babysitting and I could buy them.

Senator HAWKINS. Did you take any from the homes where you babysat?

PENNY. No. Well, where I babysat, there were two older brothers of the kids and they really got me high; started me on quaaludes at 13 and 14.

Senator HAWKINS. You could not win?

PENNY. No; it is real hard, you know, to get away from it, too. It is very hard to find straight people now days. Like, in school the peer pressure is tremendous; it is hard to be a straight person now days.

Senator HAWKINS. Did you ever buy any drugs from a dealer?

PENNY. Yes, I've had a lot of dealer friends. There was a woman in her 50's and she had three sons—one that went to elementary school, one that went to junior high, and one that was out of school at home. And they all took drugs to school and they all sold them for her, and when she was not at home——

Senator HAWKINS. She was the dealer and she used her children as salesmen?

PENNY. Yes, yes. When she was not at home, it was like you could pull up and buy drugs at the house. It was not uncommon to see the 12-year-old kid come out and sell them to you when mama did not feel like it.

Senator HAWKINS. Was it close to the school?

PENNY. Yes, real close; a couple of blocks from school.

Senator HAWKINS. And everybody knew it was there?

PENNY. Everybody knew about it. This place—I had been going there for 4 years. The police knew about it, too, I feel. Finally, they busted it when they busted me.

Senator HAWKINS. They caught you and the dealer at the same time?

PENNY. Well, they caught the dealer later on because she ran. I guess she was gone from the house and she came up and saw all the narcs around the house and stuff. I was busted; I got caught by an undercover narc. I was working in a bar as a cocktail waitress and he——

Senator HAWKINS. How old were you?

PENNY. I was 18. I had been working in bars since I was 17, 18, 19, finally when I turned legal age. I had fake ID.

Senator HAWKINS. You had a fake ID?

PENNY. Yes. But, really, they knew I was underage, but I just told them: "Hey, let me slide until I get to 19; I will be 19 in a couple of months." And they did.

But the narc came into the bar with a friend of mine. I guess she had gotten into trouble and needed to get out of it. She introduced me to him and I was high and I said: "All right, I will get you guys high. I will take you to get the drugs." And I took them to the house, the woman's house, and I would go in and get the drugs and take them out. Every time I went and got them for them, I acquired a possession and a sales charge. I ended up with 18 felony drug charges.

Senator HAWKINS. Eighteen?

PENNY. Yes.

Senator HAWKINS. And you were 18?

PENNY. I was 19; I just turned 19 when I got into all this trouble.

Senator HAWKINS. I understand you went to a rehabilitation center called Village South?

PENNY. Yes, I am presently in the Village South right now and I feel like it is the best thing that has ever happened to me. If I was not given this chance to go into the Village South, I would more than likely be dead right now or in prison. I am lucky that I got to go into the Village South because when I went in, there was room to take me. Now, there is not room; it is real hard.

I feel the program has helped me realize what a fool I was in the past, you know. I have done crazy things—hitchhiking and stabbing people, robbing them. It is real hard to face those facts, but now I can. All that stuff was wrong, and I thought it was just normal stuff. I was really a crazy person on the streets.

Senator HAWKINS. Well, because you were on so many drugs.

PENNY. Yes. Well, I would not have robbed anybody or done any of these robberies or stabbings if I would not have been high. I was always so high I did not realize what was going on, you know.

Senator HAWKINS. Did your teachers try to counsel you at all during school?

PENNY. No; I had a couple of teachers I got high with, though, in junior high school.

Senator HAWKINS. That is a new avenue we will have to look into.

Are there any signs in your school about: "If you have a problem, we have counselors that will help you with these problems"?

PENNY. No.

Senator HAWKINS. None at all?

PENNY. I never knew of any counselors or anything.

Senator HAWKINS. How did you do in school? Did you pass your classes?

PENNY. Well, see, I think in junior high school they passed me through to get me out of the school. I was selling drugs in school, and I used to tell people they did not have to go to school if they did not want to. "You will make it, you know, and do not worry about anything." I did not worry about anything, and they passed me on through junior high school and I got to high school. I dropped out in the 10 grade, because there they made you do your—work, they did not make you do your work, but if you did

not turn it in, you would fail, you know. Mom and dad could not come in and talk them into passing you out of school.

I used to get high in the morning. There was a big party at school; we used to throw the Frisbee.

Senator HAWKINS. In the school?

PENNY. Yes, right outside the grounds. We used to throw the Frisbee and people would ride motorcycles up and down, and it was a real big party. We sold pot and quaaludes and anything you really wanted—LSD.

Senator HAWKINS. On the school grounds?

PENNY. On the school grounds. They had people that had gone to the school or dropped out pull up in their cars and deal right out of their cars. I sold pot and quaaludes in school—junior high and high school.

Senator HAWKINS. Where were your parents during this time?

PENNY. Well, my parents—my father works hard and so does my mother, and they realized that I had a problem, but I think that my mother loves me so much, she did not want to realize the problem. She did not want to face it; she did not want to realize that her daughter had a drug problem. You know, they talked to me and tried to reprimand me with, you know, restrictions and stuff like this, but I just cried and got my way out of everything.

Senator HAWKINS. You ran the whole show, like David?

PENNY. Yes.

Senator HAWKINS. Did you ever have counseling as a family?

PENNY. Well, my brother was in trouble when he was a teenager and we had family counseling, but it was a joke because the woman would come there and try to tell my father how to run his family, which—he got resentful. But we have family counseling in the Village South program that I am in now and it is real good.

They have given me back my family only we have a better relationship, where I can talk to my father and my mother and my brother, and it is a joy. You cannot believe having your parents, you know, not even wanting you around because you are high, or they do not want you to see relatives because you are so high.

I thought I was fooling my relatives and stuff when I was high when I would come home, but I find out now they all knew. They just ignored it.

Senator HAWKINS. How long will you be in this rehabilitation center?

PENNY. I have been in 4 months.

Senator HAWKINS. How long do you think you will stay?

PENNY. Oh, it is an 18-month program. You are in a treatment center where you live in and you are there all the time for, like, 6 to 8 months, and then you go to a reentry phase to where you still live there, but you go out and work and you have groups at night. And then you go into outpatient, where you live on your own and you just go in once a week for groups, and then pregrad and then you graduate.

Senator HAWKINS. And then what will you do? Will you go to college or to work?

PENNY. Yes. Well, I am almost ready to take my GED and I have already talked to a vocational counselor about some vocational training. But once you graduate and you get into outpatient, you

have acquired some friends that are drug-free and have been through it, and that is a good feeling because without your support system, your foundation there that you get by going through the program, I think I would fall in the end. But I know I am not going to fall now and get high again.

Senator HAWKINS. Then your feeling is the same as David's and Terry's; that in school it was the thing to do, and if you were not on drugs in school, you had few friends?

PENNY. Yes.

Senator HAWKINS. You were the odd person out?

PENNY. Yes.

Senator HAWKINS. But now that you have gone to this center, you have other drug-free friends; you have someone to associate with?

PENNY. Yes, and some of the counselors I met have all been through it. They are ex-addicts and they all know what we have gone through. They have gone through it, so they can understand. You cannot fool those counselors that have used drugs before.

I was in another program where they all, I guess, had college and got their education about drugs, and it was real hard. I mean, I slid right through that program; I was a volunteer. I did it for my parents, really. But they did not really know what they were talking about.

Senator HAWKINS. You learned more from those counselors that have been on drugs themselves and actually experienced and overcome it?

PENNY. Yes.

Senator HAWKINS. Well, you are a great example. We really appreciate your coming, all of you, because it shows to the world that there is hope and that you can overcome drug and alcohol addiction; that there are some programs out there if, indeed, you want to be cured.

PENNY. Yes.

Senator HAWKINS. You are really going to affect a lot of young people's lives by sharing your experiences and successes. We have heard here today that life can be beautiful and families great when there is communication and understanding.

Do you have any advice for the teachers you had? Was there anyplace along the way where you felt that if someone had come forward you would not have had to go this far?

PENNY. Well, I think if you get in trouble and if you did not know that mom and dad could always get you out of that trouble and mom and dad could not always help you out, maybe that would make a difference, because I was always like in a fantasy world. I knew if I got in trouble, my mom and dad were always going to get me out of trouble.

And the teachers, maybe if they can just talk with the students and realize the problem, you know, instead of ignoring it, maybe that could help.

Senator HAWKINS. Thank you, Penny.

Senator?

Senator HUMPHREY. Penny, you mentioned that you used a fake identification card to obtain alcohol before you were 18. First of all, is that widespread? Do lots of young people have false ID's?

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PENNY. Yes. I've been going to bars since I was 14.

Senator HUMPHREY. I beg your pardon?

PENNY. I have been going to bars since I was 14.

Senator HUMPHREY. You obtained a fake ID when you were 14?

PENNY. If you go into a mall, there is a flea market. I know, like, three places in Florida, in Miami right now where I could get one. They have your picture on it and everything.

Senator HUMPHREY. Yes. Is that widespread? Do lots of young people obtain false ID cards?

PENNY. Yes.

Senator HUMPHREY. As a matter of fact I know that it can be done through the mails, because I am about to introduce a bill that would permit the Postal Service to intervene in that process.

There is a common thread in your testimony and some that we have heard earlier. You said that your mother did not want to face the fact that her daughter was involved in drugs.

PENNY. Right.

Senator HUMPHREY. And therefore really did nothing of any material help to you?

PENNY. Yes.

Senator HUMPHREY. What is the most important thing parents can do when they realize or even suspect that their youngster is involved in drug or alcohol abuse?

PENNY. Well, not just turn their head, but maybe get them into a program or counseling, or not be so dumb to the fact of drugs, you know.

Senator HUMPHREY. Be more educated?

PENNY. Yes.

Senator HUMPHREY. And confront it. Does it do any good for parents to hope that the problem will go away?

PENNY. No. The problem will not go away by itself; it just gets worse. It helps if the parents show a lot of concern and a lot of love, you know; not just material things that they give them to stop. "I will give you this if you stop." It does not help.

Senator HUMPHREY. But, often, it is difficult. By the time youngsters reach their teens, often, for whatever reason, there is an unbridgeable gulf between them and their parents. What should parents do when they want to have a better relationship, but they do not know how? They find it difficult or impossible.

PENNY. Well, that is when it is time, I think, to get some therapy or some counseling, because it is hard. You do resent your parents, you know.

Senator HUMPHREY. Yes.

PENNY. For anything they try to do toward you, you resent them. It is real hard to fill that gap. I think family counseling, family help or anything helps there.

Senator HUMPHREY. So, once again the message comes through that parents should confront the problem, and if they cannot handle it themselves, which is very common, then they should seek outside help, which is today more and more available.

PENNY. Yes, and I think parents ought to realize that it is not just their family with the problem. It is a lot of families that just close their eyes and do not——

Senator HUMPHREY. Yes. It is not a matter for shame.

PENNY. Yes. It is not like you are the only one on the block; everybody has the problem.

Senator HUMPHREY. Yes. You said the rehabilitation group—what is it called?

PENNY. Village South.

Senator HUMPHREY. Village South.

Senator HAWKINS. In Miami.

Senator HUMPHREY. In Miami. I am being coached here. It is a Florida program.

Senator HAWKINS. Yes.

Senator HUMPHREY. It has given you back your family?

PENNY. Yes.

Senator HUMPHREY. And now you can talk to them. How do they do that? For a parent who is thinking of seeking this outside help and who wants to have once again a loving and open relationship with his youngster, what should he anticipate in one of these courses?

The fear of the unknown might keep some people from getting involved in a course like this. How does it work?

PENNY. OK. Well, they have parent groups where all the parents get together to discuss their problems, and they have to realize that their children do have problems. They have family counseling where you are in there with the parents.

You know, you discuss the problem. If you feel like you have to yell at your father or your father has to yell at you, you do it under supervision; it does not get out of hand.

Senator HUMPHREY. Yes.

PENNY. And you are drug-free, too; that helps a lot.

Senator HUMPHREY. Yes.

PENNY. You can talk to your parents now that you are not, you know, mumbling your words, and you can realize that your parents have been through a lot, and they realize that you have been through a lot. Just the fact that you are trying to help yourself—your parents know that and they can forgive you for a lot of the things that you have done. Just being straight with your parents is a big difference.

Senator HUMPHREY. The parents in these programs have the opportunity of meeting with other parents, with their own peer group?

PENNY. Yes, they have their own parent meetings. I think it is once a week that they have their parents' meetings, and the director of our program runs those and he does a good job, because it makes the parents realize they cannot buy their kids, you know.

Senator HUMPHREY. You mentioned, shockingly, that some of your teachers not only winked at and condoned drug use, but participated in it with you and perhaps encouraged you in it.

PENNY. Yes.

Senator HUMPHREY. Is that widespread?

PENNY. I do not know. I do not really think so, but I know that I have gone to concerts with two of my teachers in junior high school and got high with them; gone to the beach with them. I do not really know about anybody else, but I know that he was always on the beach, the local beach, and always getting high.

Senator HUMPHREY. Yes.

PENNY. And a lot of the students saw him and thought, "Wow, he is a real cool guy."

Senator HUMPHREY. And you thought he was real cool in those days, I suppose?

PENNY. Yes.

Senator HUMPHREY. What do you think of him now?

PENNY. Well, now, he is not a teacher any more, and I think he works in a bakery; I do not know.

Senator HUMPHREY. Yes. Well, what I mean is what do you think of that kind of teacher, or that kind of adult who sets such a poor example?

PENNY. Well, I do not think too much of him right now. Really, to tell you the truth, I did not learn anything in his class and I got a B. [Laughter.]

Senator HUMPHREY. Do you think there has been any long-term effect on your life, physical and emotional, from your involvement in alcohol and drug use?

PENNY. Yes. I was very emotionally unstable. I would scream and yell and fly off and throw tantrums at any little thing. I feel I got my emotional sanity back, too, by being in the Village.

The Village—to feel adequate about yourself, you have got to do adequate things. And every day of my life, now that I am in the Village, I do adequate things with my life. We all have a monster inside of us; all dope fiends have a monster. I have learned to control my monsters and not let him get the best of me instead of me getting the best of myself. You have to learn to control your monster.

Senator HUMPHREY. Last question: Penny, what advice do you have to those who are now in the miserable dilemma in which you found yourself some time ago? What should they do if they are looking for help?

PENNY. There are a lot of programs they can go to in Florida; I am not sure about everywhere else. But they have to want to help themselves and realize that they have a problem, realize that they can go to prison for abusing drugs and stuff like that.

The fact that I knew that I was facing so much time in prison helped, too; it is real scary.

Senator HUMPHREY. Thank you very much.

Senator HAWKINS. Penny, I failed to ask you how many people there were in that program at Village South. You said there was a waiting list. How many are there enrolled in Village South, do you know?

PENNY. I think 150 residents right now.

Senator HAWKINS. 150 residents. I failed to ask that. Thank you.

Ken, tell us about your first involvement with drugs or alcohol.

KEN. My first involvement with drugs was when I was in the seventh grade; I was approximately 12 years old.

Senator HAWKINS. Twelve years old?

KEN. Yes. I was running across a lot of family problems at the time with my mother and my father. They used to argue and things like that, and I ran across drugs from a friend of mine who smoked once in awhile, because he had another friend that smoked once in awhile.

I would just go smoke a little and try and forget, the arguments or whatever they were having. In school, the drug I started with was marihuana, but at school I could obtain almost any drug I wanted.

Senator HAWKINS. In the school, on the school grounds?

KEN. Yes, in the school and across the street from the school, we had some apartment buildings, right across the street, in front of the school. And in these apartment buildings, we had these two dope dealers.

Senator HAWKINS. Two what?

KEN. Two drug dealers. They were over the age of 18 and had their own little place. They were not my close friends, but some youngsters at the school—the youngest person I knew that dealt drugs was 14 years of age and he could go across the street to this guy and the man would give him a large package. It was not too bad, he would get a bag like this brown bag [indicating] and he would come back to the school and go anywhere on the school property. The whole thing was a place where you could buy drugs.

He would come back across the street and he would sell and distribute drugs right there—front, side, back, bathroom, wherever. This was before school, during lunch, and after school.

Senator HAWKINS. Were you allowed to go off of the school grounds?

KEN. Yes, for lunch we were allowed to go off to the store or whatever, and that even made it worse.

Senator HAWKINS. So, you would recommend that students be required to stay on the school grounds, even though there is plenty on the school grounds?

KEN. Well, that would be an injustice for those people that do not, use drugs. But it would be good, yes.

By the time I reached the eighth grade, the family problems I was having with my father—well, he had some mental problems. At the time, I was still young; I did not understand what was happening with him. Therefore, he used to do different things which kind of provoked me to want to rebel against him and forget about what I was seeing and what was happening with him.

So, therefore, I used to, get more drugs and try and just blow my mind away with them; just keep smoking. And I obtained the money—at first, I obtained the money through, taking some money from my father, stealing money from my father. And, at times he had enough money for me to steal, but he was catching on to what was happening, OK?

So, during eighth grade, I was just getting into drugs more. In the ninth grade, I could not get any more money from him, so a few friends of mine and myself would go out and sometimes we would break into cars and sometimes we would snatch purses.

Senator HAWKINS. You snatched purses and broke into cars?

KEN. Yes, right. We got away a few times. In the ninth grade I got caught, though; I got caught by police down there. Well, I had to go to the juvenile court or whatever.

Senator HAWKINS. Did they help you?

KEN. What?

Senator HAWKINS. Did they help you?

KEN. No, not one bit. The name of the charge was strong-arm robbery, and it is a strong charge, very strong. They had cases where some youth would snatch a woman's purse and she fell down and got a heart attack and died. It was that serious of a crime.

I did not know until I got in there. They kept me in jail for 21 days and then they finally made a decision to send me to a program, which was a 6-month program. The program was—you know, you would go there during the day and you would sleep at home.

I do not want to mention the name of the program. I am not trying to say the program was bad or anything, but it was not for me.

Senator HAWKINS. It did not help you?

KEN. The only thing they did there was—first, they would teach you how to swim.

Senator HAWKINS. They would teach you how to swim?

KEN. These are some of the things: they would teach you how to swim. Then, once you learned how to swim good and you learned about the water, they would teach you to drive a boat; after that, skindive, scuba dive, and just the good old things, like a day care center.

Senator HAWKINS. It sounds like summer camp to me.

KEN. Something you would go to have fun at. On the way there, on the vans, you still got high, burned out of your mind. They would even stop by the store sometimes and you could get you some liquor or whatever you wanted.

While I was at this program, I found some friends. Well, they were not too much of what I call friends now. They could show me different ways to break into houses, which was something new. We really did not do any, but, they showed me a good way that I could do it.

So, in 3 months while I was in the program, I got on what they called full-time work experience. I was not even going to work all the time. I believe the last month I was in the program, I was doing B. & E.'s; I was practicing already. You know, I was into houses and things like that, which is called burglary.

Senator HAWKINS. This was while you were in the program?

KEN. What?

Senator HAWKINS. This was while you were in the program?

KEN. While I was in the program, the last month of the program. I forgot to mention the drugs I was into while I was in the program. I was into using cocaine. My two main drugs were cocaine and pot. I used to drink a little, not too much, and I used to take quaaludes rarely, not too much.

Anyway, when I graduated from the program, they gave me a little certificate and all that stuff, you know. They gave you a slap on the back; you did good. And the week after I graduated from the program, I got arrested for burglary into a car.

They dropped the charge down to a misdemeanor. I forgot how they said it, but it is like trespassing without having someone tell you to, or something like that. Anyway, they were trying to send me to State school, but for the charge being dropped down to a misdemeanor, it meant that I could only serve a 2-month sentence at some other place.

I was very lucky because the judge wanted to send me over to the adult system, which would be stockade, Dade County Jail. But he said: "We are going to give you this little break right here," my last break. And they said they were going to send me to Village South, and luckily the Village South was not crowded at that time they had a few spots open for me, at least one for me.

If the Village South would not have had any vacancies for me to go into there, he would have definitely laid me over to the adult system and I probably would have been in prison or dead somewhere, because my life was pretty rough.

Anyway, I went to the Village South for 2 months and while I was there, I had some other burglaries brought up. After I got caught for that burglary into a car, they let me go and then they said: "Well, you have got like a week before you go to the Village South."

That same day that they let me go, I got picked up for a few counts of grand theft and burglary. And what happened this time—the judge had already told me I was going to Village South, so he said that was all right. They sent me there, and meanwhile while I was in the Village South—well, I am there now—I keep going back and forth to the court to see what is going to happen with me with these other charges.

But other than that, the Village South—you know, I could not start explaining how well the program is. They helped me out with my family problems, you know, because while I was on the street the way I was, I could not really relate to my mother or my father just because of the drugs I was doing and, you know, the way I was.

You know, now that I am in the program, my mother told me that my attitude has changed all the way around, you know. Now, I am looking a lot better. I am doing something for myself.

It offers family counseling, like Penny said. It also offers me an education. I had a pretty good education when I was coming up through elementary school. I was not doing too bad in junior high. In the 10th grade, I started just dropping.

It has offered me an education. I will be getting my GED soon. What else? Also, like through my peers—it is like putting a mirror in front me and looking at how I was on the streets and the things that I did. I have got to realize that all of it was because of me; you know, all the things I did were because of me. I cannot blame it on my parents, even though that kind of ignited me to falling into this stuff. But everything I did was because of me, because of the way I was thinking at the time on the streets.

That mirror is showing me what they call my monster, and that is something that is real tough. They are teaching me how to deal with that in a positive manner. It has also helped me to disclose myself to my peers; you know, tell them things about my family and about me that I would not tell anybody.

It is also, at the same time, bringing me closer to positive people that I need to make it. This program has, stage one, stage two, stage three, then reentry and outpatient. And even the people in outpatient, that are, on their own, they still come back in, once in a while to relate to us—the ones that are just trying to make it. They are trying to help us out. It is the best program I have ever been to.

Senator HAWKINS. It sounds to me like you recommend more Village Souths and less court-run camps.

KEN. Yes, definitely.

Senator HAWKINS. And you say, like Penny, that it is full now and has a waiting list of people who would like to join.

KEN. Yes, it does.

Senator HAWKINS. We will have to look into making those recommendations.

When you were in school, did you ever see any signs in your school hall directing you to counselors that were available to help you talk about any problems? Did you ever see a poster?

KEN. No, not while I was there. The teachers and everything, they knew that a lot of the kids there were using drugs. Even some of the teachers——

Senator HAWKINS. Some of the teachers were on it, too, right?

KEN. Yes, right. I never had the opportunity to get high with one of the teachers.

Senator HAWKINS. You were too busy breaking and entering over there?

KEN. Yes, that is very true, too. You know, I did not see any opportunities where they were offering me help for my problem. And at the time, even if I did, it would have been better if, you know, like Terry said, they had other peers that could talk to me, because I could relate to another peer, other than, like, someone with authority or, you know, a principal getting up there and having a long lecture and all that.

Senator HAWKINS. Did you find in your school that there was pressure to because involved with drugs; that it was a good way to make friends?

KEN. True, yes. That is why I depend on the peers at the Village South.

Senator HAWKINS. But Village South is the only place you have friends?

KEN. Right.

Senator HAWKINS. They are all straightening up?

KEN. Right. They are good friends, you know. They are the type I can bring my problems to. They can bring their problems to me and we can relate on that. But the friends on the street that I had—I had one friend that I grew up with when I was a little child, elementary school, all the way up. We just cannot relate at all. It is just the way it is; you have got to lose some.

Senator HAWKINS. We are glad you found Village South and we will keep in touch with you and see what happens with the courts as you progress in this experiment. We appreciate your coming and helping us, Ken, and helping other kids and showing that there is another way.

Senator Humphrey?

Senator HUMPHREY. Thank you.

Ken, you said you had trouble with your father. I presume that means that it was difficult for you to communicate with your father. Is that true? You did not have a good relationship with your father?

KEN. No. I would say from the first grade to the sixth grade, we were all right. But in the seventh grade, like I say, he started to

develop a mental problem where even if I wanted to talk to him and relate to him—I just did not want to at the time because, you know, I saw the way he was at that time.

Senator HUMPHREY. I understand. What about your mother, if I may ask?

KEN. She was there all the time for me. You know, she knew when I was getting high at times and she would let me know. She has a word; she called it buggy eyes, you know, when your eyes are real beady, or whatever. She used to say: "You have buggy eyes," and all this stuff.

Sometimes, if she could not talk to me—I was the type of person, I was just plain stubborn; I did not want to hear it. She would write me a letter and I would wake in the morning and see a letter on my dresser and I would read it. You know, she would tell me all kinds of things in the letters.

Senator HUMPHREY. So, she maybe felt she could not talk to you, but she would put her thoughts in writing.

KEN. Right.

Senator HUMPHREY. So, there was a communication problem even with your mother, although she found a way to get around it to some extent.

KEN. Yes, that is true.

Senator HUMPHREY. That seems to be another common thread—a breakdown in communications and inability to really discuss things heart-to-heart.

Did your parents confront the problem? Did they try to do anything about it, really?

KEN. Well, yes. I was getting ready to mention that. My mother did have us going to a social worker, you know, where I would talk to the social worker and then my mother would come in and we all would talk.

Senator HUMPHREY. Yes.

KEN. But I did not like that one bit. I did not like the lady; I did not like anything about it.

Senator HUMPHREY. That did not help?

KEN. No.

Senator HUMPHREY. Because the social worker was not properly trained, perhaps, is that it, or did not understand?

KEN. I just did not like the lady

Senator HUMPHREY. Did putting you in jail help you in any way to overcome your problems of alcohol and drug abuse?

KEN. It made me think a lot; that is for sure. But I guess it was not enough.

Senator HUMPHREY. But you always went back?

KEN. Yes, the same day I got out.

Senator HUMPHREY. So, it did not help you in that regard?

KEN. No.

Senator HUMPHREY. Did you ever hear any warnings when you were getting into drugs and alcohol? Did you ever hear any warnings that the abuse would be damaging physically and emotionally?

KEN. The most warnings I heard was in elementary school.

Senator HUMPHREY. Did you believe them?

KEN. Well, yes, at the time. Me and my best friends said: "Oh, we will never do that; we will never smoke," and all this stuff.

Senator HUMPHREY. But later on you did, even though you had been previously warned. So, apparently you did not really believe that there was this danger?

KEN. Right. No, I did not really believe it.

Senator HUMPHREY. You just thought that was some stuff adults made up to try to get you to eat your spinach and all that.

KEN. Yes. I thought they had exaggerated on that a little bit, too.

Senator HUMPHREY. Were you ever exposed to publications that down played or denied the damage, or perhaps denied the dangers that drugs and alcohol posed, or perhaps even suggested that they were in some way good for you?

Were you ever exposed to things like a magazine called High Times?

KEN. Well, I never really read it that much. In the newspaper they had an article that said pot was good for stopping vomiting or something like that.

Senator HUMPHREY. Yes.

KEN. So, you know, once I read that, I figured that, well, if they could use it as a drug to help people, how could it hurt us?

Senator HUMPHREY. Is it within the rules here to ask these other folks that same question?

Senator HAWKINS. Yes.

Senator HUMPHREY. Were you misled by publications such as High Times magazine, any of you. Do you want to comment on that?

PENNY. I used to like to read High Times magazine. It showed you how to make hash out of pot and stuff like that. I never believed that any of the stuff would harm me.

Senator HUMPHREY. Because of what you read, you mean, because of this magazine?

PENNY. Yes. It never really said anything that it would hurt you. I did not even think that pot could hurt your lungs like cigarettes do. I never realized anything like that until recently.

Senator HUMPHREY. What do you think of magazines like High Times now, after what you have been through?

PENNY. I think they are a joke. Like, if somebody is just smoking pot, they can get them to other things. I have seen them; they have got whole pictures of cocaine and quaaludes and other pills. It really introduces the other things to young people that are just smoking or just drinking, and then it makes you more curious as to what the other things can—how they will get you high or how you will feel when you do those.

Senator HUMPHREY. Does anyone else want to comment on that?

Senator HAWKINS. Terry?

TERRY. Yes. I read High Times magazine a lot.

Senator HUMPHREY. Do you think it had much influence on you?

TERRY. Yes, yes. It helped me a lot. I was thinking; they have where you can send away and order stuff.

Senator HUMPHREY. Yes.

TERRY. And I forget what it is called; it is some kind of shotgun thing. You know, those things they put a joint in—it looks kind of like what she has on her face. [Laughter.]

It is a power hitter. You just send them a couple of dollars and then they mail it to you. Also, they have recipes in there where

you can put hash and pot and stuff in food, and we used to make a lot of brownies and stuff like that and give them to people who really had never smoked pot or anything before and they would eat them. That was fun, you know.

Senator HUMPHREY. What do you think of that magazine today?

TERRY. I am totally against it. I have also heard some people from—I think they are called reform——

Senator HUMPHREY. NORML?

TERRY. NORML, yes. I have heard them and I totally disagree, because I have run into so many people. I was a daily pot smoker and I do not believe there are any social pot smokers around, you know. People do not need to smoke pot to be sociable, you know.

You know, I smoked pot for about a year and I would eat and go to sleep, and that is it. I could not be sociable.

Senator HUMPHREY. So, you would tell young people—I do not want to put words in your mouth. What would you tell young people about organizations such as NORML and publications such as High Times, which tend not only to downplay the dangers and dismiss them, but actually encourage young people to use drugs?

TERRY. I would probably tell them to keep an open mind, you know, because that is what I have to do. I have to look at both sides, you know, and what is fact and what is not, and that is what I have done and I have come to my own conclusions. And I think that other people my age could do the same.

Senator HUMPHREY. Thank you.

Senator HAWKINS. Mike, thanks for waiting. Tell us what a big, strong guy like you is doing with drugs. When did you first get involved with drugs? How old were you?

MIKE. I first became involved in drugs heavily when I was about 12, and I tried it off and on before that, but heavily when I was 12.

Senator HAWKINS. What kind of drugs did you use and where did you get them?

MIKE. Some of the drugs that are in schools and available are, you know, pot and alcohol, you know, and some pills. Usually, you can get them through other kids in the schools.

Senator HAWKINS. Just other students?

MIKE. Yes, yes. You know, it is pretty readily available.

Senator HAWKINS. What kinds of drugs did the kids use?

MIKE. What kind of drugs did the kids use?

Senator HAWKINS. Yes.

MIKE. Marihuana, booze, downers, uppers, cocaine; you know, those kinds of drugs.

Senator HAWKINS. Did it affect your education?

MIKE. Well, yes. If you are going to class and you are stoned every day, you know, it is kind of hard to learn. [Laughter.]

Senator HAWKINS. Did the teachers notice?

MIKE. Well, yes, with a lot of kids. You know, you go in and just start nodding off, start to fall asleep. You know, it is obvious; you can see it in people's eyes and the way they carry themselves and the way they speak, you know.

Senator HAWKINS. What did the teachers do when that happened?

MIKE. Well, it depends, you know, how much they care; whether or not they care and whether or not they feel they can do anything

about it. In some schools, there is so much drug use. I think a lot of teachers feel there is not much they can do about it, you know, and they kind of get a little apathetic. Then, on the other hand, there are teachers who do care.

Senator HAWKINS. Did you get promoted?

MIKE. Pardon?

Senator HAWKINS. Did you get promoted?

MIKE. From grade to grade?

Senator HAWKINS. Yes.

MIKE. Yes, yes.

Senator HAWKINS. How?

MIKE. Just by doing a minimal amount of work, you know, basically.

Senator HAWKINS. What they call social promotion?

MIKE. Yes, there is a lot of that.

Senator HAWKINS. How did you finally overcome it? What made you decide to change?

MIKE. Finally, I stopped using drugs. Well, it took me a while to finally get off them and stay off of them.

Senator HAWKINS. How old were you when you decided not to use them anymore?

MIKE. Well, the last time I got high, I guess I was 16—no, I was 15, almost 16. The way I first came in contact with any kind of help was I was put into a hospital. It was a drug rehabilitation center for teenagers, and I went in there and I was 14.

That was 6 weeks and, you know, it kind of gave me an introduction to a little bit of help, you know. It made me look at a few things about myself. It got me sober for about—you know, they kept me away from drugs pretty much for about 6 weeks and kind of gave me an introduction to it.

When I left the program after 6 weeks, I went home and I was bored and I was lonely and I was not having any fun, so after a couple of days, I started getting high again, and that went on for about 2 months or so. And then a halfway house that I had had an interview at and had been accepted at called me up and said, you know, "We have room for you if you can come on out."

You know, I was getting high a lot, but I knew that I wanted to be straight, you know; that it was not the right thing for me. So, I went out there, and it is a 6-month program and there are groups. And, you know, when you go there, you have been straight usually for at least 2 months or so and your head is starting to clear up.

But, you know, I had problems there. I stayed there for only 6 weeks, and it was a 6-month program. I ended up leaving there, but I got an apartment with some friends who were straight and had been straight for a while, and I stayed straight for almost a year—about 10 months, 11 months.

Then I decided to move back home and after about 2 weeks, I started getting high again for the same reasons as before. You know, it was not worth it to stay straight because I was not having any fun, you know, and I was bored and I was lonely.

Senator HAWKINS. Were you working?

MIKE. Pardon me?

Senator HAWKINS. You weren't working, you just kind of hung around?

MIKE. Well, no. I had been out of school for a while and it was the spring when I came home, so I could not go back into school. I was still school age, you know, so I was just kind of hanging around. And all my old friends at home were getting high, you know, and you are told in treatment centers and halfway houses to stay away from them; stay away from your junkie friends and, you know, just keep clear of them because it is going to get you stoned again if you do not.

But they were the only people I knew, you know. I did not know any straight kids, and so it made it kind of hard. I got high for about 2 weeks then, but I had been straight, as I said before, for about 1 year and, you know, I knew I could not lie to myself anymore. I did not have any fun getting high either, you know. I started getting high again so I would have some fun, and I was not.

I was miserable because I knew, you know, that it was ruining my life; I knew that, you know, if I went on with it, I would most likely be dead, you know, within a couple of years. And I ended up having a bad experience with one drug—a slight overdose, and then I just said this is not for me, you know. I mean, I was throwing up and, you know, I could not see and I could not walk, you know.

But I still, inside, knew; I said this is not for me. You know, this is not the way I want to live, so I stopped. That was the last time I got high.

Senator HAWKINS. When was that?

MIKE. Well, it will be 4 years in May; it will be 4 years.

Senator HAWKINS. You have been drug-free, then, for 4 years?

MIKE. Yes.

Senator HAWKINS. Alcohol, too?

MIKE. Yes, alcohol and drug-free for almost 4 years.

Senator HAWKINS. What do you think, looking back on it is the best way to help young people overcome drug problems?

MIKE. A lot of people talked to me. You know, I mean it was obvious that I had a drug problem to everyone.

Senator HAWKINS. Your teachers, your parents?

MIKE. My teachers, my parents, my relatives, friends; everyone knew I had a drug problem because I was always stoned, you know, or falling down, or, you know, just having lots of problems—family problems, school problems, social problems. You know, I was having problems functioning.

And, you know, they did a lot of talking and that did not help at all, you know. I just kept going and going, and the only reason I am sober today and the only reason that any of the help that I finally got with the hospitals and the halfway houses—the only reason it took any effect was because I was ready, and it is the same way for every alcoholic and every junkie. He has got to be ready.

You have to suffer enough; it has to be worth it, you know. Finally, after going to the hospital and the halfway house and getting high again several times, I was ready; I had suffered enough. You know, I had gone through enough misery and I was able to stop. You know, I feel I can go on for the rest of my life, hopefully, drug-free.

Senator HAWKINS. Does everybody have to go through it? Does every kid have to experience it, in your opinion, or how can you help us?

MIKE. Experience problems to that severity?

Senator HAWKINS. Yes.

MIKE. No, most kids do not; I think most kids do experiment with the drugs, you know, and that is all right. In my opinion, everyone tries new things; you know, everyone has their first drink. Most kids nowadays try marihuana, you know, and a lot of them end up drinking and smoking marihuana socially, you know.

But not all kids have to go through it, and not all of them will because, you know, when you get this caught up in it where you are failing in every aspect of your life, it is a disease and not everybody has the disease, you know. A lot of kids will just try it; you know, try different drugs and maybe even try drugs as strong as LSD and downers and uppers, and will decide it is not for them.

But it is the kids who keep going, you know, and obviously these drugs are not doing any good and doing a lot of harm. And the people who keep going are the people with the disease and people with the problem, you know, who need help.

Senator HAWKINS. Were most of your friends in school on drugs while you were in school, or do you remember?

MIKE. Well, all of my friends used drugs, yes; they did use drugs. Some had more problems with it than I did and some had less problems, you know, than I did. Most had less problems than I did.

Senator HAWKINS. What are you going to do with your life now?

MIKE. Go on, go to school.

Senator HAWKINS. Go to college?

MIKE. I want to go to college, yes, and just lead a normal life, you know. Now, after a couple of years, it is pretty normal, you know. You know, I act responsibly; I feel good about myself. You know, life is great.

Senator HAWKINS. It is great that you have been successful.

MIKE. Yes.

Senator HAWKINS. Senator?

Senator HUMPHREY. Mike, do you feel that maybe you have lost a couple of valuable years of your life because of this experience?

MIKE. I did not grow any while I was stoned.

Senator HUMPHREY. You did not grow while you were stoned?

MIKE. No, when I was high on drugs—you cannot grow because you do not feel anything.

Senator HUMPHREY. So, you are marking time, at best?

MIKE. Yes, yes, you are losing a lot of time, you know. I have gained a lot back. I am a stronger person now, you know, for going through all this and winning. I have gained something in that, but I did lose time.

Senator HUMPHREY. You are probably behind a lot of your friends who did not get into drugs abuse as deeply as you did.

MIKE. In school; I lost in that way from my friends, yes.

Senator HUMPHREY. You have lost a couple of years in getting started on your career and so on?

MIKE. Yes, yes, it definitely slowed me down, you know, because I ended up not caring about school, you know.

Senator HUMPHREY. Let me ask that same question of each of the witnesses.

Ken, do you feel that you have lost a couple of years of your life?

KEN. Yes, I feel as though I lost at least 4.

Senator HUMPHREY. At least 4 years of your life?

KEN. Yes.

Senator HUMPHREY. So, you are probably quite a ways behind some of your peers who are almost finished with school and are into their careers, and so on?

KEN. Well, most of the peers that I used to associate with used to get high, too. Personally, I am leaving them behind because they are still into it.

Senator HUMPHREY. Yes; that is a good angle, a good aspect of this. But in terms of those who stayed straight or did not get in over their heads, you are probably a couple of years behind them now, are you not?

KEN. Say that again.

Senator HUMPHREY. Did you have any friends who did not get in over their heads and who stayed straight?

KEN. Yes, I had a few.

Senator HAWKINS. Can you remember them?

KEN. Well, I feel as though I am up with them because they are still kind of not sure of what they want to do, and I am, like, going in the direction I want to go into now.

Senator HUMPHREY. Good.

Penny, do you feel you have lost a couple of years of your life?

PENNY. Yes; I feel like I stopped maturing at 14, when I really started getting heavy into drugs.

Senator HUMPHREY. So, you interrupted the maturation process at a very critical point in your life?

PENNY. Yes. I feel like I am really behind. You know, I am starting to get confident in myself, but as far as educationwise and everything else, I am behind other people that have done something with their life.

I have a couple of friends I remember all the way from elementary school that are—I ran into one who is a dental technician and everything. It is really, I feel, inadequate in those areas.

Senator HUMPHREY. David?

DAVID. Yes; I feel like I have lost some time as far as growing up from the age of about 15 when I started getting really heavily involved in acid, as far as growing, and taking on responsibilities, and maturing. I feel like I have lost a great deal of that time. I feel like I have wasted at least 8 years of my life.

Senator HUMPHREY. You have wasted at least 8 years?

DAVID. Yes, from doing drugs. I feel like if I was strong enough and did not use drugs, I feel like I would be way ahead of myself—as a matter of fact, one step ahead of myself.

Senator HUMPHREY. Terry?

TERRY. I feel that in school now, being in high school with normal kids, I am in the same grade that I should be in. How I did that, I do not know; that is a miracle. But I feel that I have to study harder, you know.

Senator HUMPHREY. Yes.

TERRY. I missed a whole lot of school. I learned what the Civil War was about last year. I did not know, you know, because I was always stoned in school. But as far as maturity, you know, I think I started growing mentally and spiritually when I was, I guess, about 11 or 12.

Like Penny was saying, you know, I have been told that, you know, I am an 11-year-old spoiled brat growing up, you know, and I believe that sometimes.

Senator HUMPHREY. Mike, what can be done to encourage peer groups of kids who are pretty straight or nearly so? Apparently, one of the reasons kids get into drugs and alcohol abuse is that their friends are doing it; they want to have a good time and they want to be popular.

Is there any way that the opposite kind of peer pressure can be generated? Have you seen any examples of that? Do you have any ideas?

MIKE. You mean the opposite; that school is the thing to do?

Senator HUMPHREY. Yes.

MIKE. Yes, that is pretty much the only thing you can do to stop the problem, to change the attitudes of people; educate the people and change the attitudes. You are not going to, you know, stop the presence of drugs. You are not going to stop the use of drugs, really, unless you do change the attitudes. I mean, you cannot physically stop it.

You know, a person is going to do what they want to do. People are still going to go on selling drugs; people are still going to go on buying them and using them. But if you can change people's attitudes, you know—an example that I think may help is at a school I was in, we had a drug-and-alcohol-awareness day.

What we did was we had a couple of films and we had a lot of speakers come in. It was not really policemen, or doctors, or psychologists, or, you know, this kind of thing. I mean, sure, they can tell you what the effects of the drugs are and what the penalties can be, but it is meaningless to most people, you know.

Senator HUMPHREY. Yes.

MIKE. People who have been there, people like myself and people like the rest of the people here speaking—you know people who can tell you what it is like, and where you are going to go, and that kind of thing—I think it was a big help, you know, to the rest of the kids in the school. So, that is mainly it; just educate the parents, you know, so they will be more aware of the problem and the signs of it and what they can do, you know, as far as getting help for their kids—you know, treatment centers—and change people's attitudes, you know.

Senator HUMPHREY. I think it is a valuable insight to those who are involved with parent groups, and so on, or who are thinking of setting them up—counseling programs or whatever—that authority figures simply are ineffective in this situation and what you need are peers, such as people like you, who have been to hell and back and whom the kids will believe.

MIKE. Yes; it is a little bit more believable than sitting and listening to a policeman, although what he has got to say is probably equally valid, you know, about a jail sentence or whatever.

Senator HUMPHREY. Yes.

MIKE. But I think most kids will probably sit there and laugh at him, you know.

Senator HUMPHREY. Thank you.

Senator HAWKINS. We really thank you for participating with us today and we ask you to remain to hear our next panel which I think you young people will find very interesting. I hope you can find a seat; come up here and sit if there are no seats in the back.

This next panel is comprised of respected officials with innovative judicial approaches and law enforcement officials with an insider's viewpoint, which really is fascinating.

We have with us today the Honorable Vincent Femia of Prince Georges County, the Honorable John C. Tracey of Montgomery County, and Officer Jim Richardson of Houston, Tex.

You gentlemen are so busy; I appreciate your taking time and traveling here, especially Officer Richardson who came from Houston.

We are going to ask Officer Richardson first if he would speak with us about his background. Officer Richardson, please describe for us how you became involved in this whole drug scene.

STATEMENT OF JAMES RICHARDSON, POLICE OFFICER, HOUSTON POLICE DEPARTMENT, HOUSTON, TEX.; VINCENT J. FEMIA, SEVENTH JUDICIAL COURT OF MARYLAND, UPPER MARLBORO, MD.; AND JOHN C. TRACEY, JUVENILE DIVISION, SIXTH DISTRICT COURT OF MARYLAND, ROCKVILLE, MD., A PANEL

Mr. RICHARDSON. First of all, I have been a police officer now——

Senator HAWKINS. Put the microphone up close; it is not very effective.

Mr. RICHARDSON. I have been with the Houston Police Department now for 6 years. I have been involved in juvenile narcotics for 2 years. We have two separate narcotics divisions in the Houston Police Department—one on adult narcotics, and then juvenile narcotics.

Basically, we deal with the people, from the age of 17 to 25 that sell drugs to the juveniles. I got involved in the drug end of enforcement because of the fascination; I was wondering why people actually did use drugs.

Senator HAWKINS. Did you find out?

Mr. RICHARDSON. Yes; I did come to find out that peer pressure was the No. 1 motivating factor for drugs, trying to be accepted. I do not know if it was the family or everyone around you, or what, but just trying to be accepted was what the children wanted.

Senator HAWKINS. How did you establish rapport with the juveniles?

Mr. RICHARDSON. Well, because I am an outsider and I am a little bit older than they are, it was a little bit difficult. Basically, it is just being what they quote as being cool, trying to get them to accept my behavior, and just showing them that I accept their behavior, and working my way into their organizations, as they are.

Senator HAWKINS. Did you buy from juveniles in your business? Do you buy drugs from them?

Mr. RICHARDSON. I do all my buying direct from the dealers.

Senator HAWKINS. From the dealers, not from the kids?

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Mr. RICHARDSON. Right.

Senator HAWKINS. But are they juvenile dealers?

Mr. RICHARDSON. In some cases, they are. They range from maybe 14 to 15. Most of my suspects are more like 23 or 24, something like that.

Senator HAWKINS. How would you characterize the drug availability in high school?

Mr. RICHARDSON. In comparison to back when I was in high school, which was 8 years ago, it has become more rampant. There are drugs available at any given time you want. We do not work actually inside the school system; they will not let us go undercover in the schools.

I have informants on the inside that can tell me of situations where drugs are passed through during school, during class time, in the halls, in the restrooms—things like this.

We did do an investigation one time; it was a 2-week investigation where we monitored the activity outside of a school. I noticed daily, in the mornings and lunchtime, how children would just run to their cars and do drugs.

Senator HAWKINS. On the school property?

Mr. RICHARDSON. Yes; on the school property. Because they were allowed to leave for lunch, they did take some of the drugs away from the school, in the fear that they might get caught there at school. But most of them were bold enough just to do the drugs right there on the school grounds.

Senator HAWKINS. Where do most of the students get their drugs?

Mr. RICHARDSON. Well, basically, there are four main areas where they get their drugs from. One is from other students. The people that we deal with will sell drugs to the students who take the drugs and they become dealers themselves. So, it is a chain of command that works down and gets inside the school system.

We are starting to work on several cases now involving teachers, where they will supply——

Senator HAWKINS. Involving teachers?

Mr. RICHARDSON. Yes; they will supply the kids with drugs. Of course, then you have just the older dealer where, the dope deals will occur outside the school grounds. It is usually where just one or two people meet together and the transaction takes place, and then the drugs are moved on to the schools.

Surprisingly enough, we find that a lot of drugs are coming from the parents themselves. They supply their children with the drugs.

Senator HAWKINS. Knowingly?

Mr. RICHARDSON. Sure, yes. The parents themselves smoke marihuana and they give the drugs to the kids and allow them to smoke, thinking this will establish a rapport between them and maybe open the lines of communication better.

Senator HAWKINS. Is alcohol a bigger problem today than it was, say, when you began?

Mr. RICHARDSON. Alcohol and marihuana are probably the two most prevalent drugs used, then it works its way on up the chain into quaaludes, speed, cocaine, heroin, or whatever.

Senator HAWKINS. What should the role of the school administrators and teachers be? Finding the answer to that question is a pur-

pose of this hearing. I do not know how these children got promoted and I do not know they have progressed as far in school as they have after listening to their life experience.

Do you have any ideas what the role of the school administrators and teachers should be in dealing with drug and alcohol problems, other than pulling up three chairs and letting them sleep through summer school?

Mr. RICHARDSON. First of all, I think they need to admit that there is a drug problem. So many of our administrators do not want to tell the public that there is a problem within their schools. They are afraid that teachers will not come to the schools because of fear of violence, or that parents will take their children out of the schools, and things like this.

Then I feel like they should establish some sort of educational program for the teachers. You would be surprised at the number of teachers that do not even know the effects of drugs or do not even know what kind of drugs to look for. Hashish could come in looking just like a simple rock or piece of tar and they would not even know what it was. Marihuana can be transported in numerous containers, and the teachers do not even know that.

The parents themselves need to have some type of program provided by the school administration maybe to supplement their knowledge of drugs. Then, again, administrators, I feel, should be a little bit stricter on the punishment that they administer. If they are going to threaten you with something, they should go through with it. We find that they do not do that as much as they should.

Senator HAWKINS. Do you have any recommendations of what steps to take to address the problem? You heard the students say that there are generally no counselors to turn to. There are also obvious places where everybody goes to use the drugs. You mentioned that they all go to their cars and we have heard that the bathroom is popular.

Mr. RICHARDSON. Right. That would go back to educating the teachers and then filtering down, through the teachers, programs that would educate students. I feel, though, that the basic responsibility does go back to the parents. The parents should make themselves aware of drug problems. By the time they realize that their son has a drug problem or their daughter has a problem, it is beyond their stage and they are going to have to go to outside help.

They should be educating them long before they get to the junior high school level. We are finding drugs in sixth through eighth graders—marihuana, quaaludes—as they all testified.

Then, of course, this should be supplemented with whatever school programs that could help the parents. The parents have the basic responsibility, then it should be carried on to the school system.

The stiffer the legislation, in my opinion, is, the more it is going to help us, too. There need to be stricter laws about the selling of drugs, period, with special provisions about selling to juveniles themselves.

I also feel there is a responsibility on the courts to be a little bit stricter. I am not advocating, you know, to throw everybody in the penitentiary. True, there are some cases where people deserve pro-

bation; it is the first time they have ever been arrested or something like this.

But then there are cases where we go out and make felony cases and they are reduced to misdemeanors and the guy is only in jail for 2 or 3 days, and it does not serve any purpose. They are laughing at the system then. They get back out on the street and they become heroes to their friends because they were in jail; they become bigtime.

Senator HAWKINS. Does Houston have any programs that parents are particularly fond of?

Mr. RICHARDSON. I only know of two programs and I personally do not feel like they are effective at all. They are more like just a social gathering where people get together and exchange ideas about what kind of drugs you can do and the different effects of them, or this drug is a lot better than that one; you know, we ought to do this.

It is just a gathering for drug addicts; it is not any rehabilitation or counseling at all.

Senator HAWKINS. Would legislation outlining stiff penalties for drug transactions, say, within 1,000 feet be a deterrent? Would that be helpful?

Mr. RICHARDSON. It would be a deterrent if you go to the courts and the courts stick with it.

Yes. If you come to realize that, well, if I sell marihuana to someone and that is a felony offense and I get arrested and all they are going to do is reduce my case to a misdemeanor and put me in jail for 10 days, who cares? It is 10 days that I do not work and then I go back out on the street and turn more money.

Senator HAWKINS. So, anything strict laws form must be uniformly enforced by the judicial branch?

Mr. RICHARDSON. Sure. If you do not back it up, there is no reason to have it; no reason at all.

Senator HAWKINS. It is obvious that the kids are aware when the rules are not strictly applied.

Mr. RICHARDSON. Sure.

Senator HAWKINS. It is interesting to me that a plea that the young people made throughout their testimony today was that we have to be stricter and tougher.

Mr. RICHARDSON. I think if the word got out on the street that certain people were stricter on the selling of drugs or the use of drugs, you would not have that many people showing up in courtrooms, because they would see that as a deterrent.

Senator HAWKINS. I know that in certain areas where judges get a reputation for being tough, kids fear going before them. Often they will try to get a more lenient judge to hear their case.

Any additional things you would like to say, officer?

Mr. RICHARDSON. No.

Senator HAWKINS. Senator?

Senator HUMPHREY. Mr. Richardson, you have stated that you think parents have primary responsibility for their youngsters, and no one can argue with that. But how would you characterize the job that educators are doing in dealing with drugs in schools?

Mr. RICHARDSON. It is very poor, if that at all.

Senator HUMPHREY. It is very poor?

Mr. RICHARDSON. Drugs are overlooked. The children sit in class and it is obvious they are stoned or high; it is just ignored. They do not do anything for their rehabilitation.

Senator HUMPHREY. It is such a difficult problem, they just do not know what to do about it, so they essentially do nothing, I guess. Is that it?

Mr. RICHARDSON. Yes; there, again, administrators do not want to admit it.

Senator HUMPHREY. Yes.

Mr. RICHARDSON. Our people come out yearly and say there is no problem in the Houston school district.

Senator HUMPHREY. So, it is almost the same dynamic you see in individual parents not wanting to admit that their child is involved in drugs?

Mr. RICHARDSON. Right. I am working on a particular case now where a principal called me to a school and asked if we could not intervene, because he had confronted the parent before he brought the law enforcement agency in and said: "We have had reports from several students and they will sign affidavits saying that your son is selling drugs on campus."

Senator HUMPHREY. Yes.

Mr. RICHARDSON. They threatened him with a lawsuit—him, the school district, and everyone else—if they ever said anything like this again, because their son is not involved in drugs.

Senator HUMPHREY. Well, we are certainly not trying to sit in judgment of any profession, but I do hope that the National Education Association and other groups that represent educators will take to heart the testimony that has come through today. They certainly have the resources to educate their members and to encourage them within local schools to face the problem, to confront it, and to become involved as one party in doing something about it.

You suggested stricter laws. Were you talking about as they apply to sellers, or to users as well?

Mr. RICHARDSON. Well, I think if you started with the sellers, you are not going to have that many people using because the price of drugs is going to obviously go up, OK, because there are going to be tougher penalties and things like that.

Senator HUMPHREY. Yes.

Mr. RICHARDSON. And people also realize that because they are using, there is a good chance that they will form a habit and they will have to become the seller themselves. I think it would certainly curb, not stop the drug problem, but it would certainly help.

Senator HUMPHREY. I get the impression that you are dissatisfied with the judicial system. You go to some pains, obviously, to track down illegal activity in drugs, and apparently, once you bring them to court, they are not being dealt with sternly enough, in your opinion. Is that right? Is that how you feel or what?

Mr. RICHARDSON. Yes; I have never, in probably the 150 people that I have put in jail, been to court on any of my cases because they are plea bargained out or reduced down to misdemeanors, and then they just plead out like that. Never have I ever been to court on one case.

Senator HUMPHREY. Out of 150 cases, the charge has never been——

Mr. RICHARDSON. Not on a delivery case. On possession cases, it is different.

Senator HUMPHREY. Thank you.

Senator HAWKINS. Thank you a lot.

Judge Femia, is that right?

Judge FEMIA. That is correct.

Senator HAWKINS. I know you have been extensively involved in the problem of drug abuse among young people as a juvenile court judge in nearby Prince George's County, and I was interested in your innovative and most successful antidrug campaign in Prince George's County.

Would you describe in detail the steps you took to implement this program?

Judge FEMIA. First, Senator, I think in all sincerity you should not refer to it as an antidrug campaign because we look at drugs with the youth, especially in schools—and I understand that that is the direction of this subcommittee, schools in America—as another violation of the law in school.

You have to understand, I am a judge of general jurisdiction; I am a circuit court judge. In our community, the law says that a circuit court judge must sit in the juvenile court. The law also goes on to say that he has to have special qualifications, and special training, and special temperament.

That is what the law says. I sometimes believe what he had to do was miss the meeting, because the next thing I found out was the chief judge had put my name on an order sending me to juvenile court. And I must tell you in all honesty, when I went into that court I did not even know where it was located, and I did not want to know, quite frankly. And I stayed there for 3 years, 2 years past what you are supposed to stay there for.

I think, in all fairness, you ought to understand, in the modern idiom, where I am coming from. We have a lot of residents of Second Genesis here today.

Are they still here? Anybody from Second Genesis that I have committed to Second Genesis?

[Their hands were raised.]

Senator HAWKINS. I see some hands back there.

Judge FEMIA. Anybody who has put their hand up—Jimmy, what is their backup time?

Mr. HENDRICKS. One day.

Judge FEMIA. You have got to understand that I come from a very judicially conservative outlook. Backup time means what happens to you if you screw up. You are going to prison for 15 or 20 years; you will be our pageant for the next Good Friday.

I perceive the judiciary's function in all criminal activities as the motivator. To be sure, our No. 1 function is adjudication, and it is not unlike that when you deal with juveniles.

When I went to the juvenile court, I did not pioneer anything. I did what my father did to me, and essentially what he did for me was my father let you know what the rules were, let you know what the sanctions were, and that was it, and that is all we did. We set out the rules.

Any violation of the law occurring in a public school in Prince George's County, or on the school grounds, or on a schoolbus, or on

the way to school, or on the way home from school—that individual was going to get locked up.

Now, you see, in our business we are not allowed to use terms like "locked up." We say "institutionalized," "rehabilitated," "treated." Call it what you want; the kids knew what we meant. Your little butt was going to lose its liberty; you were going to be locked up. That meant for drugs, that meant for assaulting teachers or other students, that meant for any disruptive, criminal conduct that came before the courts. No. 1, we set up the rules.

No. 2, I took it upon myself to go to the schools. In the 3-year period, I visited 70, 75 schools to talk to the student body as a whole. And I tell you, Senators, you do not know the thrill of standing in front of 700 or 750 14-, 15- and 16-year-old kids and being—and I would stand right there and let them ask any question they wanted to ask, and be brutally honest with them.

You know, our kids do not like us to be honest with them. We usually like to try and hedge with them, make them feel good, make us feel good. I do not play the game; I would tell them exactly what was going on. So, I went out and told everybody: "Here is the rule."

And the third part is very simple. Once you set up the rule and once you broadcast the rule, you enforce the rule and, in 100 percent of the cases coming before the courts, that individual was locked up, and the word got out very quickly. You do not want to go visit the troll who lives under the bridge because he is going to lock your tail up.

Things then follow the natural course, just like it followed when you were growing up and when I was growing up. If you knew you were going to get your tail beat for going to the next block or going where you were not supposed to go, you did not go, and that is essentially this pioneering program. It resulted in some reduction in school disruptiveness—about 25 percent, in fact.

Senator HAWKINS. Did you face any obstacles in this old approach?

Judge FEMIA. Well, of course, there are the natural obstacles any time one public institution wants to tread upon the ground of another public institution. Quite frankly, the main obstacle was that the educators were scared to death of me.

You might be able to perceive that I am somewhat outspoken and I call things what they are, and I am not too particular of who I am talking to, and they were scared of that. They thought or suspected that I was, in essence, going to come out and find fault with the schools.

I must tell you that in Prince George's County, having the 11th largest school system in the country, we have faults, but we have a damned good school system. Your thrust this morning has been drugs. I tell you I have two children currently in a high school and one who is off to college who went through the high school system, and those children consider drugs and drug users an anathema. That is a direct result of the education they received in those public schools.

So, to that extent, we are very fortunate. Our schools do indeed have signs: "If you have got problems with drugs, this is who you see and where you go." And if you cannot find the signs in schools,

may I suggest you merely turn to any television station between the hours and 4 and 7? You will find ample opportunities for public assistance with your psychological problems.

But the schools were afraid. The schools thought I was going to come in there and start trying to blame teachers and blame administrators for this problem, and there are problems. They realized very quickly that I was not there to blame anybody.

It is just like when my wife, who is sitting behind me, was ill, very ill, about 10 years ago and the doctors kept trying to tell me why she was ill. And I kept saying: "I do not care why she is ill. Make her well." It is the same in the schools. I do not care how we got here; let us get from here to where we want to be. We do not have time to waste looking for scapegoats.

Once they appreciated that, then I started getting booked 3 days a week in the schools.

The second problem, of course, is the parental problem—one that I do not believe, not as a judge but as a citizen and taxpayer, that Government can do a thing about. I do not think our Government, as it is constituted, can pass a law telling parents how to raise children. If you pass that law, please except my family because you are going to have a hell of a problem enforcing it when you come down to my neighborhood.

You know, parents are a convenient scapegoat, but Government cannot do a lot about it. We must deal with the public institutions that we can control—our schools—and that was the thrust and the reason for going into the schools.

Senator HAWKINS. How did the students react?

Judge FEMIA. Interestingly enough, the students reacted as you would have expected kids to react, and I will give you a vignette to explain that.

There was an announcement on the news one morning when I was driving my kid to school that the District of Columbia school system was considering engaging in a policy of requiring children to wear uniforms to school, much like they did when I went to the parochial schools up in Philadelphia. You know, all girls wore the same pinafores and the same blouses, and all the boys wore the same white shirt and the same—of course, it is still going on, you understand.

And my daughter said: "Boy, that would be a good idea." Now, you have to understand I have got a 16-year-old daughter; regimentation is not her strong suit. Let me put it that way very kindly. And she said: "That would be a good idea." And I said: "What do you mean, it would be a good idea? I agree it is a good idea, but I am surprised you would say that."

She said: "Do you know how much time I waste everyday trying to decide what to wear to school so I look like everybody else or do not look like everybody else? If everybody had to wear the same thing, look at how much time we could save." That is typical of your adolescent and teen attitude.

A number of these young people are up here saying: "Tell me what the rules are; tell me what you are going to do to me if I violate them." It is not only good for kids like the ones who were sitting up here who get into trouble; it is even better for the straight kids—those who, by the way, comprise the majority of the children

in America—because they know everybody will be required to obey the rule.

Where we get into trouble with our kids—the social and the anti-social; that avoid saying good and bad, you see; this is more of the terminology we learn in our business—where we get into trouble with kids is when we say: "All right, Monday, everybody has got to have this term paper in." And Monday comes and the teacher stands up and says: "Well, let us make it Tuesday."

Now, for the kids that did not have the term paper, that is neat, but for the 95 out of 100 that worked all weekend long to produce that term paper, that is another example of how we adults dodge, how we rationalize. Our big problem with our children is that we do just that; we rationalize.

So, the kids take like ducks to water to a discipline, and it becomes very interesting. Jack can tell you the same thing; they never call us "Judge," you see. It is "Mr. Tracey" and "Mr. Femia." And you will go into a school; "Hi, Mr. Femia. Do you remember me?" Of course, I have a standard answer. I do not remember them, as a matter of fact, and if I did, I would not acknowledge it in a school; you understand that.

My standard answer is: "It is not a question of whether I remember you. Do you remember me?" "Yes, sir; yes, sir." Good, we have got it straight. That is really what kids are looking for—"make up the rules; tell us what you are going to do if we violate the rules." They appreciate that more, even if it means getting bagged.

I have had them come back in the court, look me straight in the eye and say: "I am ready to go," because we had a deal. Second Genesis is a good example. The best way in the world at least I as a judge find to support Second Genesis is give them a well-motivated individual. Motivation generally sets in between 15 and 30 years, although I have used up to 63.

That individual knows when they walk back into my courtroom that we had a deal. "Did you violate my agreement?" "Yes." No conversation; it is all done in hand language; "Bye, you are gone." Everybody knows that, so it works much better that way, you know. It is when you are wishy-washy and you do not enforce your prior agreements that young people perceive weakness, and quite often young people perceive leniency as weakness.

A number of the people up here told you this morning, you know, "Treat with us, deal with us, but deal with us as human beings, not as numbers."

Senator HAWKINS. I would imagine that there were parents that did not approve of this tough stance. As the officer has said, sometimes the parents get in his way.

Judge FEMIA. Well, that is not my experience, quite honestly. When I went to juvenile court I, like everybody else, expected that we would find that all the juvenile problems flow from bad parents and bad homes, and things like that. That was not my experience.

My experience was that fully 60 percent of the parents whose children were involved in court were fully supportive of the court and its processes. I am not one to dump on parents, but do not forget, parents, like schools, are no more able to cope with their problems than the courts and the public institutions are willing to back them.

Quite frankly, as our laws are currently structured—and Jack and I were talking about this in the hall—laws do not back parents and do not back schools. We back them when we are dealing with drugs and armed robbery, but how about the child who wants to go out and roam all night at age 14?

One young lady talked about it today. How did she get involved? It was easy; she went out of the house at 2 in the morning. And, of course, who is on the street at 2 in the morning? My father used to say after dark, only police officers and bad people; "you are neither; get home." That is what happens; that is how they get caught up in this peer pressure, this milieu where the use and abuse of substances is accepted.

We do not back parents publicly; we do not back schools. It is a sad but true fact. But most parents—and I have heard parents say it time and time again, and I know Jack has heard it. You know, he has been in the business longer than—well, when you got into the business, Christ was a delinquent child, was he not? [Laughter.]

Judge FEMIA. In the temple, you will recall, when he spoke back to his mother.

Senator HAWKINS. I recall.

Judge FEMIA. Quite often, you will hear a parent say, I told you so, or come to you and say, that is what I have been trying to tell him, Judge; thank you. To that extent, parents accept what you are doing. Of course, there are always the parents whose children are never wrong, you understand.

Senator HAWKINS. I always took the opposite stand; my children were guilty until proven innocent—you know, the old school.

Judge FEMIA. Yes; there was no due process in my father's house either. [Laughter.]

Senator HAWKINS. I find that approach simplified a lot of growing up.

I agree with you. These children who appear here today are begging for the rules; they are begging for them to be more consistent and tough.

Judge FEMIA. And, more importantly, uniformly applied.

Senator HAWKINS. Yes.

Judge FEMIA. They apply the same to everybody; no special strokes for special folks. That you must avoid at all costs.

Senator HAWKINS. You made the statement that the laws do not back up the parents and the laws do not back up the educators. Can you think of any laws that would?

Judge FEMIA. Yes.

Senator HAWKINS. Such as?

Judge FEMIA. Much has been made of the laxity of school enforcement. I think officer Richardson mentioned that quite often the administrator, rather than acknowledge a problem in his school, he tends to deal with it as best he can.

But this is the complaint I get from educators. I happen to chair a task force on school discipline and security in our county, and the most prevalent complaint we receive from educators is:

> You know, to expel a kid from school, you have got to have him and his lawyer in. You have to have a full-blown hearing, and by the time you get done, if he has not graduated already, what effect have you had?

You know that; you do not have to be a Senator or a judge to know that the time to kick—rehabilitate a child is when you catch him with his hand in the cookie jar, not tomorrow. "Do you remember what you did yesterday?" "No, not really." "Bam, that is for doing it." That does not make any sense.

My mother used to say that God, in his wisdom, connected the brain to the sit-down-upon. If you hit the sit-down-upon hard enough, it registers in the brain, and if the brain learns to register unpleasantness with hand-in-cookie-jar, it tends to even get through to a teenager, like myself, you see.

But the schools' complaint I think is very valid. The Supreme Court has indeed made this a matter of due process. Well, you know, due process works where we live; you know, that is our job. And thank God that we do our job, because we are the last bastian before people lose their freedom. But when you start talking about whether a child is going to be bounced out of school for selling pot in one of those men's rooms, with his lawyer and the parade of witnesses, by the time you accomplish the desired end, everybody in the school, not just the individual involved, because that is not the one we are really interested in—you understand it—what we have got to do is the PR work on everybody else in the school.

Everybody else in the school says: "Oh, it is a bunch of stuff; nothing is going to happen, like usual." And then you say, "Why do you educators not do something?" First of all, they were not trained to be lawyers. They were trained to be educators.

Do you want to talk about a law that the Federal Government can get involved in? It is a law that somehow or another modifies back to an intelligent, reasonable and practical level the strictures that have been placed upon the schools and the school boards by the courts.

Other than that, like everybody else, send money. Is that not what the Federal Government is supposed to do, send money? I do not know what we will do with it, but you can send it. We will find something to do with it, I am sure.

Senator HAWKINS. We are out of money, you may have heard.

Judge FEMIA. I understand; believe me, I understand.

But as to laws involving parents, I would never be found in the camp espousing such laws. You will have to call on somebody just a tad more left of myself.

Senator HAWKINS. We would like to help the parents raise these children in an environment which we thought we were bringing them into—you know, our generation. It really is frightening to see how pervasive it is when you talk to children of all ages today—10, 11, 12, and realize they are using drugs.

I know you are aware of it because you have been dealing with it for a long time. I am so grateful to have a man of your caliber sitting as a father figure.

Judge FEMIA. Or ogre. You know, it gets a little old sometimes being pointed out in the grocery store. "If you are not good, I am going to turn you over to him," and I have had that happen, you know.

Senator HAWKINS. Well, if we could just clone you and have one of you per county in the United States, we probably would not have the problems we have.

Is there any way you feel we could implement this program in other communities in the country, or is Prince George's County unique?

Judge FEMIA. Senator, would you indulge me in being brutally frank with you?

Senator HAWKINS. Sure.

Judge FEMIA. But I would not be offensive.

Senator, you know, drug abuse, substance abuse—I like to refer to it as substance abuse—substance abuse is like public nudity. Let me explain. It is dramatic. You have the obviously sad case histories that you sat and listened to all morning.

Senator HAWKINS. Yes.

Judge FEMIA. It is pressworthy; take the whir of the camera, if you will. It is like a flasher in Lafayette Park who is flashing, for whatever reason, the White House—newsworthy, dramatic. But quite frankly, Senator, that does not mean everybody in the Nation is flashing, at least not in this winter, given the weather situation, and the same with drug abuse. It is dramatic, it is pressworthy, it is newsworthy. It is sad, pathos, all you can name, but thank God, in this country it represents a minority of our children, and a small minority. Dramatic to be sure, but thank God, well over 90 percent of the kids in this country are damned fine people.

They do the same dumb things I did. Today, they will try pot. I tried Petrie sherry; they do not even make Petrie sherry any more. I threw up for 2 days; I cannot stand the smell of sherry. They will do all the dumb things I did.

I have a son 15 years old. He is doing exactly what I did; I cannot believe it. I say to him: "Son, I have done these things." He is a proof of God, you understand. My mother used to tell me: "If there is a God, you will have a son exactly like yourself." My son is a proof of God; you see, there is obviously a God. I have got one who does the exact, same, dumb things, but that does not make him a bad person.

Senator HAWKINS. No.

Judge FEMIA. There will still be the kids in school who think it is smart to paint, beat Bowie, on the Largo School scoreboard. You are still going to have that, but that does not make them criminals or bad people.

You know, I just think that the problem you are addressing yourself to is much like zoning difficulties. While it permeates the Nation as a whole—zoning difficulties—it is a local problem. It is a problem that must be dealt with on the local level where we are sensitive to our individual problems.

You know, we know what our problems are in our community. I cannot envision, for instance—how could the Congress pass a law that would in any way ameliorate the situations of the five case histories you heard here this morning? With no disrespect to the participants, that is a full week of Phil Donahue.

There is nothing the Congress of the United States can do about passing a law that is going to make these five kids' lives, or those who found themselves in their stead 4 or 5 years ago—it is something that has to be dealt with on the local level.

You have got a gentleman sitting here—I do not know if he is on a panel or what—Jimmy Hendricks. It is these kinds of people on

the local level; they are the ones that solve the problems. We do not solve them on the national level. I am not really sure we solve them on State levels.

But, again, remember I am a judge. I am not a sociologist, I am not an educator, I am not a psychologist. I obviously have a jaundiced point of view.

So, I guess in answer to your question, Senator, if you want to pass a law helping those school administrators out in these due process hearings, God bless; that is on the Federal level. But beyond that, I think you really just open some nice hearings.

You are not going to be able, as you say, clone me. That is an individual decision that must be made on an individual level. I assure you that there are not many judges willing to walk in front of 750 15-year-olds. You know, judges sort of feel we are beyond that.

If you want to see them get stirred up, tell them that you believe pot smoking is the same as mental masturbation. You will see a group of stirred up teenagers real quick.

Senator HAWKINS. I imagine.

One of my concerns expressed by these children and one that we heard often in the course of our investigation—is that the rehabilitation centers that we are effective and have tremendous records are crowded with waiting lists. The ones that you would approve of assigning children to are just overworked. I know that is a local problem, and obviously President Reagan feels that most problems today should be treated locally.

But it seems to me that there should be additional quality centers that judges would feel confident referring these children to. It breaks my heart that the jails are full. In my State, they are ordering them emptied because they are too full.

Some of the programs and correctional institutions are a joke according to our witnesses. Teaching water skiing and scuba diving is not exactly a great way to prepare for later life. And yet, there is a great backlog at the Village South in Miami.

Judge FEMIA. But, Senator, I have been to so many of these meetings. Of course, as a political group, judges are about the most impotent political group in the world; you understand that. We are all appointed until forever.

But, you know, you go to these meetings, and the judiciary in Maryland, through their Judicial Committee on Corrections, are the ones who start the ball rolling in Maryland for community correction centers.

Well, may I assure you that jails, community correction centers and, Jimmy Hendricks will tell you, rehab centers, quarter-way houses, halfway houses, or resident, drug-free houses, in the public's mind are like sewerage plants. We all recognize intellectually the need for these, in somebody else's neighborhood.

Jimmy Hendricks will tell you the problems we had locating him out in the middle of nowhere. I mean, he was so far from the nearest stop light, it would take him 1 day and a half to get to it. Still, we got the public pressure and eventually they closed the place.

See, you are not just dealing with need. We have potholes that need filling, too, in Prince George's County, and I assure you in the minds of the citizenry—remember, we are under a proposition 13

mandate in our county. We call it TRIM; no money is what it means.

Between rehabilitating some willful kid that cannot control his own life or his parents do not give a damn, the pothole gets filled first, friend. Now, that is a practical political fact of life, and all the judges in the world pontificating upon it will never, I am convinced, ever change it.

That is not the best news in the world, I understand.

Senator HAWKINS. No.

Judge FEMIA. But if you ask me, do I agree with the proposition that we need more of them, the answer, almost assuredly—especially, effective ones like Second Genesis.

Senator HAWKINS. Thank you so much, Judge.

Judge FEMIA. Thank you.

Senator HAWKINS. Senator?

Senator HUMPHREY. Judge Femia, you and I share a revulsion for euphemisms, but I noticed that you used one, if I may point it out, and that is "substance abuse." As chairman of the Subcommittee on Alcoholism and Drug Abuse, I always avoid that.

I am not lecturing you, but just stating that I always avoid that because we are not talking about abusing jelly beans or marshmallows. We are talking about alcohol and drugs in about 99 percent of the cases. You might want to use a little bit harder term than "substance abuse."

Judge FEMIA. Well, I would indeed use it in court with a child, but I thought it would comply with what the record would show. Everybody understands substance abuse at this level; the kids know what you are talking about.

Senator HUMPHREY. You said, and I agree with you, and it has always been a dilemma for me as chairman of that committee, that there is no way that Congress can pass a law that is going to have a major effect on drug abuse. So, that leaves you with the question of what can you do.

Well, one thing we can do is to use the committee and joint hearings as a forum to further educate the public. It is not a highly leveraged way to do things, but it is one positive contribution that we can make, and I believe we are.

You mentioned that if Congress can do anything in the way of legislation, it can change or remove Federal strictures.

Judge FEMIA. Federal court strictures, yes.

Senator HUMPHREY. Say that again.

Judge FEMIA. The Supreme Court had a ruling. I am sorry I do not have the case at the fore; I usually do not, and that is why God created law clerks. But the case said there are certain mandated procedures that you must go through to expel a child from school because public education is a right. And the schools just cannot cope with it and so they avoid it. That is one of the problems.

Senator HUMPHREY. Well, I am not a lawyer and I am not a member of the Judiciary Committee, but I would be anxious and eager to meet with you or exchange correspondence with you, if you could provide me with some detailed proposals on what we can do. Apparently, what you want to do is to nullify some case law or something. I do not know; I am not a lawyer.

Judge FEMIA. You know, as a lawyer and a judge sworn to uphold the Supreme Court and its rulings, I hate to use the word "nullify," but I would sure like to modify that thing so it is workable.

Senator HUMPHREY. OK.

Judge FEMIA. It is good law, but it is not practical in application.

Senator HUMPHREY. Good. Well, how about helping us in that respect?

Judge FEMIA. I will.

Senator HUMPHREY. Can you?

Judge FEMIA. I will.

Senator HUMPHREY. Fine. Everything else has been said.

Senator HAWKINS. We are trying to focus attention on it by forming the first drug abuse caucus. I found when I arrived here as a freshman that there is a steel caucus, there is a jewelry caucus. There is a caucus made up of Senators on almost every subject you can think of, and yet the most pervasive problem we have facing us, whether it is in the military or the schools or society in general right now, is drug abuse.

We felt that by having a caucus, we could at least have a conference on it and a summit, and have ad hoc members like yourself serve on it, which I hope you would be happy to do.

Senator HUMPHREY. Senator Hawkins, pardon my interruption. May I ask the judge one more question?

Senator HAWKINS. Sure.

Senator HUMPHREY. You mentioned that you have—I have forgotten how you phrased it, but you have back-up sentences or something. You give the kids a choice, apparently, or in any case send them to a rehabilitation program, and if they flunk out of there, they go to jail.

Judge FEMIA. Senator, it works like this. First of all, we are not talking about children. These are adults; these folks are all over 18. When they walk into the adult court, it is a whole new ball game.

I had a young man, and I will give you an example, 22 years old, involved in an armed robbery with a shotgun, sawed off, which gives him a handgun violation, and possession of cocaine, marihuana, and one of the esoteric drugs; I do not even remember what.

He came in and he pleaded guilty; horrendous prior record, just terrible. I said to him: "Here are the options." I believe in optional sentencing because it is how I got through college—A, B, C, or none of the above. "Here are your options. You tell me you are a drug addict; therefore, you must commit crimes." "Yes, I am," and he pleads mercy, mercy.

"Here are your options. I give you 3 years straight time for everything you have done. You go to the jury, you do your time, you get out, and then we are square. Or, in the alternative, I give you the maximum sentence, running wild"—that means consecutive—"63 years. I will suspend every minute of it on one condition. You will become involved in drug rehabilitation."

He had not been accepted by Second Genesis, so I could not order that. The first thing, though, was I mandated on-demand bodily specimen analysis. If your probation officer shows up at your house and says: "Here is the bottle; do what you do with the bottle," and you refuse, violation. If you go into it and it is positive, violation.

This guy was a manipulator, just like you heard some of these kids testifying: "Hey, you know, I have got the system." He shows up for his first interview. He gets a probation officer who has been around a few weeks. "Take that in the bathroom, my friend, and fill it up, and it had better be the right color when you come out." Well, he came out and it was, you know, 99 percent PCP. He said: "I am not even going to write you up; back to court."

He ran. A year later, they caught up with him and brought him back. "Hey, what is happening? I know what is happening, Judge." "Good, 63 years; good-bye." I get a letter from him every month; it has been 4 years now. "I have learned my lesson; a deal is a deal."

Believe me, the word is out instantly. Any judge that has that kind of a program, the word gets out instantly. "Break the man's deal—do not take it first." Quite often, they will not take it, by the way; they will take the straight time. That is the saddest thing in the world.

Senator HUMPHREY. You said that you are involved in juvenile court.

Judge FEMIA. I was for 3 years. I am not there part time.

Senator HUMPHREY. What approach do you suggest for juvenile court judges?

Judge FEMIA. Senator, if there is one thing I learned about juvenile court, there is no such thing as an expert in juvenile justice. Every one of those little critters is as different from the next as night is from day, as my children are one from another.

I would not hold myself up as some kind of expert on how to deal with kids, except you deal with them as though they were the child and you were the parental figure. You do not lie to them; you do not mess with them. You deal with them one on one.

I must tell you, I do not know how this man sitting on my right does what he does day in and day out. I had 3 years of it and my Maalox bill was absurd, and I am not a sickly person. [Laughter.]

That was the most emotionally draining period of my life. You are responsible for each one of those little suckers. For me to sit here and give you the handbook of how I succeeded—forget it, Senator. I am not convinced I succeeded, first of all. All I know is I got through each day and had some successes and we had a lot of failures. I wish I could answer your question; I cannot.

Senator HUMPHREY. Thank you.

Senator HAWKINS. Thank you so much, Judge.

Judge Tracey, that is a pretty hard act to follow.

Judge FEMIA. Madam Senator, may I beg the indulgence of the subcommittee and excuse myself?

Senator HAWKINS. Surely.

Judge FEMIA. I am due on the bench at 2 o'clock. I would not deny anybody their contested divorce today.

Senator HAWKINS. Surely. We appreciate your staying this long.

Judge FEMIA. I appreciate your courtesy.

Senator HAWKINS. You have been refreshing and made a wonderful contribution.

Judge FEMIA. Thank you.

Senator HAWKINS. Thank you. You may be excused.

Judge Tracey, we welcome you back. I understand you were a Capitol Hill policeman here in the early 1960's, and before that you

were a Senate page in the 1940's. We welcome you back on the Hill.

Your background makes you so uniquely qualified to discuss the problem of drugs in the American school system. I would like you to overview your career in the juvenile justice system.

Judge TRACEY. Thank you. I have been involved in the juvenile system for a long time. I started in Montgomery County Juvenile Court in 1966. I have been assigned to the juvenile court since that time. Although, by designation, I could try adult cases, I have not and I have been specifically assigned to juvenile the entire period.

If I may, since you indicated that Judge Vincent Femia was a very hard act to follow, he does have an impact on his county, an impact among the judiciary, an impact among the schools—a very effective impact. Looking at Vince—what you see is what he is. The way he talks is the way he is. He is honest, he is open. When he talks about striking a deal with a child, a deal is a deal, and the young men and women understand.

Now, whether or not that type of father figure, as he pointed out, on the bench is the correct way, I can't say. We all have to deal with our own personalities and our own prejudices. I am sorry to see him leave the juvenile court. He is a very fine man and he is sincere and honest.

But in any event, I am not exactly like Judge Femia. I have different points of view that may be valid or may not be valid. We are an experimental court; each child is different. I do not have any greater expertise in dealing with children.

My involvement with drug cases, however, started a long time ago. Some of the young men and young women here from Second Genesis are my children, who are there because I placed them in Second Genesis.

In answer, Senator Hawkins, to your question of what backup time meant—and I do not think Judge Femia answered that—back-up time is where a young man or a young woman comes before the court and he is sent to a training facility, a State facility.

That commitment in the juvenile system, is for an indefinite period that could last until they are 21 years old—we do not have a 2-month sentence or a 3-month sentence or a 1-year sentence—until such time as the rehabilitation has taken effect, it could last that long. We suspend that indefinite period and give them the option of attending programs such as Second Genesis, or Karma Academy, or RAP, Inc., when that was active in Montgomery County.

If they fail that course or that program and they do not complete it successfully, then they must come back into the court and then they will be sent to a State facility.

In the late 1960's, early 1970's, when drugs hit the newspapers in California, in San Francisco, when the flower children were there, the drug syndrom moved from the west coast to the east coast. Drugs were started in our county and our State. A drug that I have not heard too much about this morning from these young people, Phenceclydine, hit this area—known also as PCP—in 1969 and 1970. From my expertise I tell you—is the worst drug on the American scene today. It is devastating in its effects.

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Some of the young men and young women who will not testify, who are here from Second Genesis, might not be able to overcome the devastating effect of Phenceclydine and may never, ever be able to be rehabilitated—that is a possibility.

I noticed in Jimmy Hendricks' written testimony, he makes mention of Phenceclydine, or PCP. I do not know what we can do about it, but it is the worst thing; it is as widespread as cancer in our hospitals.

In any event in 1970–71, I felt that there was a need to examine the overall problem because the drugs had hit our area. I was hearing cases day in and day out of drugs—PCP, beer, marihuana; a few heroin cases, a few quaalude; seldom any cases of cocaine. Something had to be done. I attempted at that time to bring together all of the experts in the Montgomery County and Prince Georges area to ask what is it that we should be doing. Should there be rehabilitation? How shall we do this?

I invited them over to a church located on University Boulevard—any organization that had anything to do with drugs or drug rehabilitation—RAP, Inc., which we read about in Washington, D.C.; Second Genesis, Crossroads, Switchblade, drug counseling centers, hot lines.

I noticed that everyone was standing around in little groups and, much to my surprise, one organization did not know the other. There did not appear to be any interrelation or correlation of any information by any one organization. As a result we formed a drug action coalition, where all of the organizations came together and shared some information. We established a clearinghouse where information could be disseminated to the schools; information disseminated to the PTA's and to the children, as well as to other interested agencies public or private.

At that time, we were dealing on a very small scale. Change has taken place in the last 10 or 12 years where drugs are really permeating our junior high schools, our elementary schools, our high schools. Marihuana is available in every school that we have; on parking lots of many McDonald's and Gino's, drugs can be bought.

Cocaine can be bought at a price of, what, $90 a gram, $100 a gram? Where does the money come from? Thank God we have kids that are willing to come to the U.S. Senate and tell them about themselves, and that is pretty hard for these young men and young women. I wish that a tape of this could be shown to the schools, to the PTA's.

Senator Humphrey asked what was the parents' attitude. The attitude is: "Hey, that does not happen to my family; that is not my child. How dare you accuse my child of using dope." As Judge Femia pointed out, parents will file a suit. School officials cannot talk about whether Tommy, or Billy, or Mary Jane are selling; unless you have proof and are willing to stand up to a lawsuit, do not tell me about it. The parents do not want to hear about that.

The schools are really caught. They are not courts; they do not know how to deal with the legal problem. The only thing they can do, if students are selling on the schoolgrounds or using school facilities—the bathroom, as Terry, I believe, said—they can expel them or ask them to leave the school. Well, that does not rehabili-

tate; that takes the problem and puts it somewhere else. Some of these young people do not want to be in school, in any event.

One of the young people said: "I went to school 60 or 70 days a year." They are outside the school system, and some area schools have taken the position: "They are not producing very well, so let us get them to leave as soon as they are 16 so they do not want to come back to school anymore."

It is not because the school system is wrong. They have so many problems. One would think the school system is charged with the responsibility of solving all the social problems, and we as parents have delegated that authority to the schools or to the courts. I do blame the family. I do not see the structure of the family as strong. Judge Femia was telling you about his father and his mother and how that was. We do not have that demonstrated very often.

In my court, it seems, we only have mothers come to court. The majority of our children, four out of five, come from broken homes or homes where there is only one single parent, and I believe it is mothers. It is as though we have a matriarchal system. At times fathers come to the court, but seldom.

What is the role of the school? They should be able to call on the courts for help. But what is the role of the courts in drug abuse? Unless a young person is charged with a crime, there is absolutely nothing that we can compel someone to do.

Our State facilities are filled to capacity, as are our training schools. Smoking marihuana is not against the law; possession is, but they do not arrest too many of those. As Officer Richardson said, he is not picking up many possessions, or someone just smoking a joint or using coke. They do not get into the court.

Parents come to the court and beg and plead with the court. In some way, give them direction to run their own family. We used to have a category of children, and I think the word is despicable—CINS, children in need of supervision—the ungovernable child, the out-of-control child.

Early in the 1970's and in the late 1960's, we had facilities for these children, and we could remove them from their home and their community and place them in specially designated facilities. It then came about that the word "status offender"—the truant from school, the child ungovernable, should not be placed in institutions with the delinquents.

In fact, to insure that policy they took away Federal money for our institutions. So, that really eliminated any back-up that we had. I would have children come before me when they were 11 and 12 years old and the parents would say:

> I know they are doing dope; I know they are not going to school; I know that they are going out in the middle of the night, and there is nothing I can do about it. Judge, do something.

The child comes before me and I say: "Well, you have a problem and let us find out," and we do evaluate it. We find out that there is drug abuse there, but they are not charged with a crime. I can only place them in shelters, if they are available, and they are overcrowded. I can only place them in foster homes, if they are available, and they usually are not.

Each one of the five young people that sat here today said they left their homes; they would not stay until they came to an awareness or someone made them stop and look at themselves. With the laws the way they are in our State with the status offender or the child out of control, the court is getting out of that business because we do not have a back-up.

I cannot threaten a child with: "If you leave and run away from the foster home or the shelter home, you are going to a detention facility," because the law says I cannot do that with status offenders.

The court is in a dilemma now. We are running out of money. We cannot purchase out-of-State facilities anymore. The cost of care for a child per year in a State institution—the Maryland Training School for the older boys, the Montrose School, which is for girls and younger boys—the cost of that is $12,000 to $14,000 per year, per child.

I am aware of Second Genesis. They are doing an outstanding job on $30 a day per resident, which would be my guess, and I am sure Mr. Hendricks would answer that. Community corrections is probably one of the only solutions that we have. If we have State facilities and we have too many to go in and the community is demanding that we get "little criminals" off the streets and we put them there, it is like a sausage and we keep pushing in. They have got to come out the other side, so within 4 months, they are rehabilitated.

One young man said: "I went there for 6 weeks, or I went there for 6 months, and nothing really happened. I just went through the formalization of going through that." The juvenile justice system has received some of the delegated authority from the family who are unable to cope, and maybe the courts are unable to meet its burden.

We deal with the delinquent, the criminal. We deal with the ones selling drugs, and usually they will be removed from their homes and communities. But it is the kids that we heard here today that started when they were 11. If we are going to do something, why have those kids go through the same pangs and anxieties and hurt and pain that we heard today.

The schools, for example, are pretty well able to identify the young boy and the young girl who are in the seventh and eighth grade who are doing dope; they are not that naive. They cannot do anything about it. Some teachers will take the time to speak with the children.

The school does not know where to turn. School personnel come to the court and the court says: "I do not know either." One of the questions that you asked, Senator, "What could the school have done?" One proposal the self-help groups, the teams in schools of young men and young women like those here today that are available to talk to the students should be part of their program; also, a self-help group of the parents so the parents can come and realistically and honestly say: "If I have a problem, where do I go?"

Our child guidance centers throughout the Washington metropolitan area are filled to capacity. There is a waiting list to get group counseling. You cannot go there today; you have to wait; you have to get on a list.

The schools should not be in that business, but maybe through their PTA's and maybe through a public awareness that there is a problem, the parents and children will feel free to go there and to honestly and sincerely talk with someone about a problem before it gets to insurmountable difficulties.

When you take a look at what our training schools and facilities are doing, realizing that they are full, there is little hope for drug rehabilitation. There was another organization other than Second Genesis represented in the five. That was the one down in Miami. What was it called?

Senator HAWKINS. Village South.

Judge TRACEY. It is highly touted and the results are good. They should exist all over the country. There is another one in Florida that I do not know about, Straight, Inc., in the western part of Florida.

We have a number of private organizations in Montgomery County—as for example Karma Academy for boys and girls, also Boys and Girls Homes, Inc. Judge Femia talked about legislation on the local level to establish such homes but nobody wants them in their neighborhood. We do not want a drug rehabilitation center in our neighborhood. We do not even want a group home for retarded children in the neighborhood. Citizens' associations fight that; it has to do with land values and what the neighborhood is like.

My God, to bring in a drug rehabilitation center, in the middle of a residential area—the citizens' association says they will be selling dope out in front of the drug rehab center, which is not true. Drug dealers do not want to be anywhere around Second Genesis. They do not want to be around Karma Academy, so that is not a problem. Our communities will not tolerate these facilities within their boundaries. That is why we do not have them and that is why we do not have the group homes. Our communities must understand that it is necessary to take some of the children out of the same environment that will continually have difficulties, and have them secure and give them the opportunity to fully express themselves, to continue their education, to understand self, to get into a positive, pure interaction of therapy.

Each of the young people here today have been through that, and I do not think any of those children would tell you that we do not need more of those Second Genesis and other organizations throughout this area.

I do not know what the Federal Government can do by legislation; maybe nothing. Maybe if we just make people aware that the problem is there and that we care enough and that we will sit down and help them work it out—there are some kids crying out there and they are asking and begging for help in subtle ways and in very direct ways.

It is easy for me; to force help once a young person commits a crime, then I have ultimate authority, but only for a short time. I do not have any bed space at Second Genesis, so I cannot cause a miracle to happen. So, I go through, and it is never-ending each day. The stories you have heard of the five, I have heard a thousand times over, and they are all the same. The faces even look the same.

We could take those 5 and multiply it by a 5,000 we will see it in the Washington, D.C., area; we will see it in Florida, and Iowa, and in California, and all over this country. It is not a local problem.

I hope that through the efforts of this subcommittee, people are made aware. And I would love to have a tape of those fine young people.

Senator HAWKINS. I made a note to see that you get one.

Judge TRACEY. Thank you.

Senator HAWKINS. What does it cost us to incarcerate? You did say that Second Genesis costs $30 a day.

Judge TRACEY. That is my best estimate, and that is very low.

Senator HAWKINS. But if you had to put them in——

Judge TRACEY. In a training school?

Senator HAWKINS. What would that cost, do you know?

Judge TRACEY. Yes sir, It runs between, I would say, $12,000 and $14,000 per year. But private organizations, such as Psychiatric Institute, where a lot of young people go for drug rehabilitation from the psychiatric point of view—the cost is $10,000 per month. That is $120,000 per year, per child.

Previously our system had to purchase bed space outside of the State of Maryland due to the fact we just did not have the local bed space. But now we are running out of money. From $67,000 to $70,000 per year, per child is spent in States such as Pennsylvania, and New Jersey, Maine, and Florida. The best I had was in Florida, which is the Miami Military Academy, for bed space, and that was $1,800 a year; that was the least expensive. But that may now be closed.

So, the cost of community rehabilitation is cost effective.

Senator HAWKINS. Where does that money come from? Is that State money for county money?

Judge TRACEY. It comes from State and county and private donations.

Senator HAWKINS. Is any of it Federal money?

Judge TRACEY. Yes; some Federal moneys came in in the early years. I do not know how all the programs are now funded. There was Federal money. Money may be available under the Educational Act if it can be established that there is an emotional handicap. It may well be that some of the Federal money could then come in.

Senator HAWKINS. That may be an avenue we will look at.

I appreciate your contribution and your service; it is outstanding.

Judge TRACEY. Thank you.

Senator HAWKINS. Senator?

Senator HUMPHREY. I have no questions. Thank you, Judge.

Judge TRACEY. Thank you, Senator.

Senator HAWKINS. We want to thank you both for coming here and we wish you luck in your future efforts.

We have one more panel. You have all heard of Mr. Jimmy Hendricks, the regional director of Second Genesis; Mr. Robert Bossong, the vocational director of Douglas MacArthur High School in Miami, Fla.; Dr. Mel Riddile, the coordinator of the Substance Abuse prevention program in Fairfax County; and Mrs. Sue Rusche, executive director of Families in Action in Atlanta, Ga.

We want to thank you for your patience.

Mr. Hendricks, we have heard a lot about Second Genesis today. I understand that you are an ex-heroin addict yourself, and I would like you to briefly tell us how you overcame your drug problem.

STATEMENT OF JAMES HENDRICKS, REGIONAL DIRECTOR OF FACILITIES, SECOND GENESIS, INC., ROCKVILLE, MD.; ROBERT BOSSONG, CHAIRMAN, VOCATIONAL DEPARTMENT, DOUGLAS MAC ARTHUR HIGH SCHOOL NORTH, MIAMI, FLA.; MEL J. RIDDILE, COORDINATOR, SUBSTANCE ABUSE PREVENTION, FAIRFAX COUNTY PUBLIC SCHOOLS, FAIRFAX, VA.; AND SUE RUSCHE, EXECUTIVE DIRECTOR, FAMILIES IN ACTION, INC., ATLANTA, GA., A PANEL

Mr. HENDRICKS. Well, Senator Hawkins and members of the subcommittee, my name is James Hendricks. I am regional director of facilities for Second Genesis, which is a nonprofit drug rehabilitation organization in the Maryland, Virginia and District Columbia area.

. In an effort to assist the subcommittee's understanding of substance abuse, I would like to share with you some of my own background.

Senator HUMPHREY. Excuse me, Mr. Hendricks. I am an old, broken down airline pilot and I do not hear too well. Can you pull that microphone up closer, please?

Mr. HENDRICKS. Sure.

Senator HUMPHREY. Thank you.

Mr. HENDRICKS. Is that better?

Senator HUMPHREY. Yes.

Mr. HENDRICKS. I was born in 1938, the fourth of nine brothers and sisters, to a poor family in New York. I went to school in the south Bronx, in the ghetto, where I started using heroin at age 11. In spite of consistent drug abuse and criminal activity necessary to support my habit, I was able over the years to remain involved with sports and graduated from high school.

Although I never had a legitimate job, it was not until I was age 22, after 11 years of heavy drug abuse and criminal activity, that I had my first involvement with the law. In all, I accumulated a 7-year history of arrests and incarcerations, during which time I received no assistance designed to help me face my problems.

In 1967, at age 29, I was certified as an addict in the State of New York and entered Phoenix House Therapeutic Community, where I received treatment. During that process of treatment is where I accumulated my growth and treatment and, as some of the other residents explained earlier, what they wanted to get their life together.

My progress in treatment was as remarkable, in terms of the growth I was able to achieve, as my previous history had been, in terms of negative, self-destructive behavior. While still a resident in the treatment program, what helped me so much was becoming a group leader.

After a couple of months, I became a house manager, overseeing 70 addicts in the Phoenix House facility. In July 1970, I came to Second Genesis, then a small therapeutic community in Alexandria, Va. As assistant director, I was responsible for the clinical

and administrative aspects of the program. My responsibilities included, like, prevention, education, family therapy, and staff training, to highlight but a few.

As the Washington metropolitan area recognized an increasing drug abuse treatment need, Second Genesis stretched, opening additional facilities. In 1974, at that point, I was made regional director to oversee all Second Genesis locations. We opened an additional facility in the District of Columbia in 1977.

Concurrent with all these activities, I continued my education and obtained my master's degree in psychology and counseling last year.

In addition to my duties with Second Genesis, I am a member of the Northern Virginia Drug Abuse Task Force; vice chairperson of the Addictions Advisory Council in Prince Georges County; representative to the Therapeutic Communities of America; and representative for the Coalition of Metropolitan Washington Area Therapeutic Communities.

There is no question that I am a rehabilitation success myself, as are the kids who spoke earlier todays—the perfect argument for the case of treatment versus incarceration. I cannot, however, testify before this committee without emphasizing the fact that had I entered the criminal justice system today, January 27, 1982, I might be doing 10 to 30 years behind of bars instead of getting the help that I needed.

The reason: There are approximately 300 therapeutic communities in 47 States, representing over 30,000 treatment slots. All are full to overflowing and expecting cutbacks. To cite a few, Gateway House in Chicago has 250 filled treatment slots and 44 currently on waiting lists.

Spectrum House in Massachusetts has only 40 treatment slots, but is carrying 51 residents in treatment, and has been informed that funding is to be cut back to 30 slots. In the State of New York, 3,000 drug treatment slots are due to be cut this year. In Massachusetts, where there were 150 treatment programs 2 years ago, there are currently only 115. By next year, projections indicate there will be no more than 80.

In my own program, Second Genesis, our combined contracts fund 255 treatment slots. We are currently carrying approximately 280 residents in treatment and have at least 55 others currently on our waiting lists.

For the time being, our treatment slots have not been cut. Instead, we have been told to treat the same number with 10 percent less money. The situation is further exacerbated by the fact that prior to these cuts, our actual treatment costs already exceeded what we were paid by approximately 16.4 percent.

I cannot begin to estimate the number of young people, such as those who testified today, who are waiting or need treatment nationwide. Listen to these teenagers; they are witnesses to the spread of substance abuse among our youth in the cities and in the suburbs.

I have had the opportunity to talk with these young people on a daily basis. I have learned to listen because over and over, I find that what they have been telling me is later borne out by so-called

experts. What they say and what I see is that the average age for initial drug contact has steadily declined.

Further, involvement with any one substance, including marihuana, increases the likelihood of becoming involved with other substances. Most of the teenagers I see are engaged in polydrug abuse and chemicals.

In a recent UPI release, Baltimore County Police Chief Cornelius Brehan said that 44 percent of the major crimes in the county last year were committed by people under 18 years of age, and 20 percent of the youths committing the crimes were on parole or probation.

The young people I see bear out these statistics. They talk of repeated suspensions or, as they call them, vacations, from school before anyone took a position with them, and as many as 8 to 10 appearances in juvenile courts before anyone held them truly accountable for their actions.

Our communities must face the fact that we have worked so hard to protect our youth that we have actually hurt both them and ourselves in the process. In Maryland, public outcry reportedly resulted in Gov. Harry Hughes asking the State to devote a large portion of next year's capital budget to the building of new facilities for criminals and delinquents.

Those of us who have been there can tell you that additional detention centers are nothing but a stopgap, not a solution.

Cost must also be taken into account. Judge Tracey earlier mentioned $30 a day. The cost at Second Genesis is $21 a day to treat an adolescent at Second Genesis. This includes individual and group therapy, family therapy, education, vocational counseling, and other supplementary services that we provide.

I have included an extensive overview of the Second Genesis program as an appendix to my testimony and would appreciate it being accepted as part of the record.

Senator HAWKINS. So ordered.

Mr. HENDRICKS. It should be noted that this $21 per day price tag is in sharp contrast to the approximately $40 per day for detention, or the $300- to $400-per-day cost of hospitalization.

Second Genesis and therapeutic communities across the country are committed to the belief that it is peer pressure that is influential in getting our youth involved with drugs. But that same peer pressure can be mobilized to get them away from drugs and back into the mainstream of society.

To this end, the adolescents in Second Genesis are involved in a community program. They are involved with their experience back in the school system with their negative peers, and they share their experiences in the school system. David, who testified earlier, and my appearance before this subcommittee today are part of that effort.

Thank you, Senator Hawkins, for the opportunity to testify before this subcommittee. If I can be of any assistance to the subcommittee, I would be happy to make myself available.

[The following material was supplied for the record:]

APPENDIX TO TESTIMONY

PROGRAM OVERVIEW OF SECOND GENESIS, INC.

Second Genesis, a private, nonprofit, professional treatment agency, specializes in providing rehabilitation-treatment services to drug abusers, offenders, and others who have established non-coping, irresponsible lifestyles. Such treatment is provided through both outpatient and inpatient components, with therapeutic community, residential treatment being our primary rehabilitation approach. Treatment in a therapeutic community consists of a highly structured, thoroughly supervised, twenty-four-hour-per-day, chemical-free residential program which typically takes eighteen to twenty-four months to complete.

The Second Genesis program has often been described as a school which educates people who have never learned how to live and feel worthy without hurting themselves and others. Second Genesis helps people who have tried again and again to get what they wanted from life and have continually defeated themselves. The principle combines the basic and universal human values of knowledge, love, honesty and work with the dynamic instrument of intense group pressure in order to recognize and help correct the personality defects which prevent people from living by these values. The results are rehabilitation so that the individual may reenter his or her community as an independent and productive person.

The Second Genesis program had its origin in June, 1969, as the drug abuse component of the Alexandria Community Mental Health Center. At that time, the Center received a contract from the National Institute of Mental Health for a community-action oriented aftercare program for narcotic addicts from Northern Virginia who were committed to the Narcotic Addict Rehabilitation Act (NARA) Program by a Federal Court.

It was early recognized that in certain instances outpatient care, with urine surveillance checks, was not enough. A residential therapeutic community program was initiated in mid-March of 1970. Named by its occupants, The Second Genesis, this program had as its goal the complete rehabilitation of its residents to a productive rather than an enslaved way of life. This goal was accomplished through its rigorous therapeutic regimen, a highly structured, nonpermissive, self-help program.

Because of the essential expansion of and demand for the services of the Second Genesis therapeutic community, not only from Alexandria but from the adjacent jurisdictions, it became necessary to separate this vital component of services from the Alexandria Community Mental Health Center to permit the regionalization of programming. At its January 11, 1971, meeting, the Advisory Board of the Alexandria Community Mental

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Health Center endorsed the separation of the Second Genesis from the Alexandria Community Mental Health Center; the Board further endorsed the concept of transfer and continuation of the drug treatment and rehabilitation program (including the NARA contract) within the framework of a private, nonprofit corporation, Second Genesis, Inc. Thus, Second Genesis was incorporated under Section 501C of the Federal Internal Revenue Code, and in June, 1971, it was formally established as an independent organization.

Second Genesis now provides treatment rehabilitation services primarily to the Washington, D. C., Maryland and Virginia areas.

The program is staffed by a multidisciplinary professional group which includes a staff psychiatrist, a Ph.D. level clinical psychologist, master's degree mental health and vocational rehabilitation counselors, learning disabilities specialists, addiction specialists and a research analyst. The facilities are staffed by individuals, many of whom have completed treatment communities like Second Genesis and have gone on for further training as mental health professionals. This diversity of specialized skills permits the selective application of group therapy and individual counseling, educational and vocational services.

The Second Genesis therapeutic communities are residential rehabilitation centers which provide a family-like setting for persons regardless of age, sex, race, ethnic group, or socio-economic status all striving for the common goal of self-reliance at the same time discovering love and self-respect.

Residential treatment is implemented through two treatment phases with each phase usually lasting about a year. During Phase I, the resident's entire functional routine takes place within the facility, with treatment emphasis being placed on the development of responsible behavior and attitudes. Each resident is responsible for an in-facility job function, the nature of which changes regularly according to the therapeutic value of the specific job. Each resident participates in regular, three-times-per-week, encounter group therapy, and individual therapy is provided on an as needed basis throughout the day. During Phase II, encounter therapy is reduced and weekly psychodynamic group therapy becomes a new part of the therapeutic regimen. In addition, residents receive vocational assessment and counseling, followed by vocational assistance in defining and implementing an occupational plan. Prior to entering Phase III, the outpatient phase of the rehabilitation process, a resident must have stable, income producing employment, an ample savings account, an approved residence outside of the program, and the individual must be considered clinically ready for responsible, independent functioning. Phase III individuals are required to participate in weekly outpatient group therapy and urine surveillance for a three to six month period prior to graduation from the program.

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Second Genesis is funded primarily through contractual arrangements with: The State of Maryland, Drug Abuse Administration, Department of Juvenile Services, and Department of Social Services; The District of Columbia, Department of Human Resources; Prince George's County, Maryland; Montgomery County, Maryland; The Commonwealth of Virginia, Department of Mental Health and Mental Retardation, and the Departments of Social Services and Youth Services. Payment for services is rendered according to the specific terms of each contract; further, each funding source has its own specific administrative eligibility criteria which must be met by the individual in order to be funded. Supplementary funding is received in the form of cash and in-kind contributions from the general community.

The rehabilitation program at Second Genesis consists of the following:

A. Diagnosis and Evaluation

Second Genesis, Inc., offers a wide range of diagnostic procedures. These procedures include comprehensive social histories, psychiatric examination, psychological testing and assessment, and vocational-educational histories.

Referrals are generally accepted from authorized representatives of federal, state and local governments; although any individual interested in rehabilitation may contact Second Genesis directly. Each candidate will first be interviewed by a staff counselor in order to collect background data and to conduct a preliminary screening of suitability for participation in the program. Next, the candidate will be seen for a psychiatric and psychological evaluation in order to assess the degree and extent of psychiatric-psychological disability as well as to measure the motivation of the candidate for rehabilitation. The data collected will then be discussed at a regular diagnostic conference with a psychiatrist, psychologist, counselor, addiction specialist and other professionals present. Based on this conference, a clinical disposition-recommendation will be made as to whether or not the candidate is suitable for treatment. This recommendation when necessary, is then presented to an official of the court system for disposition.

If the candidate is found suitable for treatment, he/she will then be provided with a general physical, including routine laboratory tests. If the findings of the physical examination are unremarkable, including a determination that the candidate is without a physiological need for detoxification, residential treatment will be initiated. For those candidates requiring detoxification before entering the facility Second Genesis staff will assist the individual and/or the authorized representative in arranging for detoxification.

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Residents placed in the program by the court system come to us after a comprehensive joint evaluation and mutual recommendation. Full cooperation and communication are present throughout the treatment process.

B. Treatment and Rehabilitation

The primary modality for treatment utilized in the residence is the therapeutic community interaction. The daily activities of the facility are under the direction of experienced addiction specialists, who in turn are supervised by a psychiatrist and clinical psychologist. This team meets frequently during the week for patient staffings in order to continually monitor the psychological growth of each resident. Each facility has twenty-four hour coverage provided by professional staff and responsible older residents.

Therapy is a twenty-four-hour-a-day process in the community. Beginning with morning meeting at 9:00 a.m., every moment of the resident's day is designed to enhance, stimulate, and accelerate personal growth leading to self-responsibility, freedom from chemical abuse and elimination of antisocial behavior. Following morning meeting, the resident reports to his job assignment until lunch. After lunch, all residents attend seminars, designed to broaden the scope of the socially handicapped drug abusers. Returning to his job function after seminar and remaining there until dinner, which is held at approximately 5:30 p.m., the resident prepares himself for encounter therapy three times a week on Monday, Wednesday, and Friday evenings. If an individual has not finished high school, he will attend classes in the facility on Tuesday and Thursday to obtain the General Equivalency Diploma (GED).

Throughout the resident's stay in the facility, unscheduled urine samples are collected and analyzed to insure a chemical-free environment. Direct counseling is provided for personal, educational, social and vocational problems on either an individual or group basis.

Special treatment, counseling, and orientation services are scheduled for the families of residents.

Wherever possible, emphasis is given to the continuance of education even while a resident of the house. This takes the form of preparation for the GED, or actual matriculation, while a resident, in a local high school or university.

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When, in the opinion of the professional staff of Second Genesis, a patient is ready to begin his gradual reentry to the community, he will be provided with vocational counseling directed toward career development and job placement or further educational endeavors. Budgetary planning and guidance will also be afforded him as he prepares himself to live outside the therapeutic community facility.

When the patient has graduated from the Second Genesis, Inc., therapeutic community, follow-up will continue until such time as the professional staff considers him ready for discharge from the program.

C. Administrative Services

(1) At regular intervals, patient progress reports on all residents are forwarded to the appropriate court and governmental officials, when required.

(2) Special reports will be sent whenever significant change takes place in the patient's status, i.e., when he leaves the program before treatment is completed or is dropped from the program, when he graduates from the therapeutic community and when he is discharged from the program. Those to be notified of such changes by Second Genesis, Inc., will include, when appropriate, the family, probation officer, and the court system.

D. Family and Community Participation

An important goal of Second Genesis is to create community awareness and understanding of its concepts and ideals as well as of the characteristics and problems of its residents. Following are some of the provisions made toward this goal:

(1) Twice each month, the parents of residents and other interested citizens meet in what we term "cerebration sessions." In these sessions, concepts of group interaction similar to those used inside the house are applied toward the understanding of such topics as drug abuse, behavioral problems of residents, and emotional growth;

(2) Once a month, the residents of Second Genesis hold an open house. This gives friends, relatives, businessmen, and interested citizens the opportunity of meeting the staff and residents, and the opportunity to see and learn about what we are trying to accomplish;

(3) The staff and residents of Second Genesis readily accept invitations to speak to sponsored groups who wish to know about our program. Many times this provides an opportunity for

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an open dialogue between Second Genesis and the community. We have spoken to many different groups of people, at grade schools, high schools, colleges, and various youth, church and civic organizations;

(4) Second Genesis participates in many charitable community endeavors on a regular basis, such as sponsoring Christmas parties for underprivileged children;

(5) Second Genesis' staff provides formal group therapy to the spouses or parents of the residents. The goal is to assure the level of communication and growth necessary between a resident and his or her family for the transition from inpatient to outpatient status to be successful;

(6) Twice a month, families and interested people from the community are provided an opportunity to meet with the staff in order to gain an understanding of the level of communication and growth being developed in the treatment process.

REFERRALS

Anyone can make referrals by contacting the Intake Counselors located at the following addresses:

Second Genesis, Inc.
4720 Montgomery Lane
Suite [illegible]
Bethesda, Maryland 20014
(301) 656-1545
Mon.-Fri. 9-5

Second Genesis, Inc.
1204 Prince Street
Alexandria, Virginia 22314
(703) 683-4610
Mon.-Fri. 9-5

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Senator HAWKINS. Thank you. We look forward to working with you on a continuing basis. I think you have the answers, as do some other witnesses here today, to the solutions which we are looking for to this all-pervasive problem.

You heard Judge Femia talk about discipline and structure for young people in need of rehabilitation. How important is that do you think?

Mr. HENDRICKS. Very important. In our facilities, we have a very highly structured environment. They are told what to do when they get up in the morning until they go to bed at night. For mostly the adolescents, take structure away and you will see plenty of frightened kids, and when I see a frightened kid, he is going to get in a lot of trouble, especially the kids that we receive with, like, character disorders; kids that are trying to escape reality by the use of drugs and do not want any responsibility.

So, it is very important that a kid is involved with a very high-structured atmosphere, whether it is in school or in a program or the family.

Senator HAWKINS. The witnesses here were urging stricter rules, firmness, and continuity.

We do look forward to working with you. You are close by and we will need your input on a lot of this.

Mr. Bossong, tell all of us about Douglas MacArthur High School in Miami, would you?

Mr. BOSSONG. First of all, before I start, I would like to say that I agree with the judge who spoke earlier when he stated that the majority of kids in the schools today are basically good. I think what we are dealing with today is just a few of the kids, on the whole, who are having problems, and that is what our particular program in Dade County, Fla., is about. I think it is easy to identify that we have a problem in the schools and outside of the schools. I think it is quite a bit harder to identify what the solutions are, though.

I have worked in the Dade County public school system in Miami for the past 21 years. My area of expertise is vocational administration and curriculum development. For the past 18 years, I have been the vocational department chairman at Douglas MacArthur Senior High School North.

The school provides an alternative educational program for a student body of approximately 400, a somewhat cohesive group in the sense that almost all exhibit behaviors that are not conducive to success in a conventional neighborhood school.

A preponderant number of these students are severely deficient in their knowledge of basic skills. Many are impulsive, uninhibited, aggressive, and hostile. Many represent serious attendance problems dating from elementary school. Many come from homes without fathers. Many are juvenile offenders and exoffenders, and many are caught up in a welfare culture from which escape is very difficult. For these reasons, the philosophy and objectives of MacArthur North must reflect the characteristics and needs of its students.

The philosophy of this school encompasses the belief that tuned out, turned off, and/or culturally disadvantaged students can expe-

rience, through success-oriented activities, more positive feelings toward school and themselves.

Thrust into a school environment, either voluntarily or involuntarily, these students can experience increased opportunities for intellectual, social and physical growth through individualized instruction, smaller classes, and greater attention from empathetic teachers.

The acquisition of new skills, attitudes, values and knowledge can foster the kind of development that can improve their chances of enjoying successful and meaningful lives in today's society. Through desirable behavioral changes, especially greater respect and consideration for themselves and others, along with improved academic and vocational skills, students can experience upward social mobility.

The objectives of Douglas MacArthur School, commonly referred to by the students who go there as the "Mac," are to develop in students the attitudes, behaviors and basic skills necessary so that students might be able to return to their neighborhood schools and become academically successful. Of course, this is the ideal goal of the school.

It is also to provide for students unable to adjust to a regular school setting an opportunity to receive a high school diploma and/or vocational skills.

In order to accomplish the objectives above, the following methods are employed in the school: Smaller classes; individualized instruction in academic subjects; noncompetitive grading system; self-scheduling by students in the selection of electives, daily schedule of classes and, in some cases, teachers; a great emphasis on vocational programs; and the utilization of special education teachers.

Senator HAWKINS. What would happen to the students in Dade County if the alternative schools did not exist?

Mr. BOSSONG. In talking with a lot of the students before I came up here, the majority of the students felt that if it were not for these particular types of schools, they would be out on the streets. A lot of them might end up in jail, and according to a lot of the students that have been in and out of jail facilities, youth halls and correctional programs, this is where many of these students learn to become real pros. This is where they develop a lot of antisocial skills which are taught to them by the other people who are incarcerated.

Unfortunately, when these people come back out on the streets, they have increased negative skills and knowledge that they did not have before, and in many ways it creates a much larger problem.

Senator HAWKINS. Has student response to these alternative schools been good?

Mr. BOSSONG. So far, the student response has been excellent. A lot of students claim they do not seem to get into as many fights as they used to since they have been in the school. They seem to feel that the teachers in this particular school—for the first time seem to listen to them.

The majority of these students have an average IQ around 85 percentile. The majority of these students fall behind at an early age in school, and then are passed on and on by social promotions.

Many are big for their age and become disruptive and so the school systems keep moving them on.

They never really make it. They end up, as I said before, caught up in the welfare system. They usually have one parent at home. I think the biggest thing in working with these types of kids and the thing that they seem to feel makes this school successful for them is that teachers never try to back them into a corner. I think this is extremely important when you work with this type of student.

I think the important thing is to have teachers who are empathetic and will listen to the kids. A lot of these kids this morning were telling us about their problems with drugs, but they were also telling us that they were more or less crying for help and somewhere along the line, no one bothered to listen to them.

I think this is one of the biggest advantages at Douglas MacArthur school. The teachers are especially picked throughout the county. We have four alternative schools for disruptive students in Dade County; the school where I am is just one of them. The teachers are hand-picked; they have been in education for quite a while and they know that you have got to give the kid a chance to hold on to his pride.

Just like I saw in a commercial on TV today, you have to help students get some self-respect. You heard some of these people talk to us here; this is what they seem to be crying for—the fact that they wanted someone to listen to them, and wished that someone would talk to them somewhere along the line.

Senator HAWKINS. We really appreciate your contribution here. I am looking forward to working with you on an ongoing basis as we try to develop solutions to this problem.

Dr. Riddile, could you begin by describing the substance of the alcohol and drug abuse education program? Could you begin by explaining the concept?

Dr. RIDDILE. I am the coordinator of Substance Abuse Prevention for the Fairfax County, Virginia Public Schools. Before going into that position, I was a high school administrator.

Over the last decade, I have seen a significant change in young people, and the change has been in attitudes and attitudes about drugs. Ten years ago, young people that experimented or used drugs were considered outcasts and were looked down upon by their peers. Today, the prevailing attitude is that getting high is OK and that it is relatively harmless to them intellectually, emotionally, and socially.

As coordinator of Substance Abuse Prevention, I have the responsibility of working with teachers, counselors, administrators, parents, community representatives in the 10th largest school system in the country.

We must recognize that attitudes are really the problem that we have to face—the attitudes of parents and the attitudes of students about drugs. Those attitudes are based on inaccurate or inadequate information. In order to effect a change in the present situation, we have to focus on those attitudes by providing accurate information to parents, teachers, and children.

One example: I have recently concluded a series of inservices at one of our larger high schools. At the end of the inservice, one of the teachers raise their hand and said: "If this is what is going on,

why do we not do something about it?" My response was asking the question: "Would you have said that before we began this series of inservices?" His response was: "No. I did not know it was going on."

That is basically where our whole adult population is right now; that includes teachers. Teachers are adults; they are parents. They often know very little about drugs. I will give you an example. Most of our administrators are 40 years of age or above. That means that they were about 10 years old in 1950 and they were going to school in the 1950's.

In the 1950's, we did not have a drug problem. In the 1950's, the biggest decision a 12-year-old had to make was not whether to use marihuana or drink, but rather to decide between other things that kids did at that time—whether to go out for little league baseball maybe was the big decision a 12-year-old had to make. So, that has changed dramatically.

We, as adults, have to become better informed. One person in a large county cannot inform every person, so our goal is to create a network of informed individuals. We focus in four areas; first, with students, because as a public school system, our responsibility is to educate young people, and one of the things we have to educate young people about is the hazards of drug use and drug abuse.

We have developed a new elementary curriculum which will provide accurate information, combined with decisionmaking and problem-solving skills, for those students. We believe that we have to focus about 80 percent of our prevention efforts in the elementary school because national studies and local studies indicate that kids make their decisions about whether to use drugs or not in junior high school or grades seven and eight.

As the young people described this morning, most of those young people had initial experiences with drugs at age 11 or 12. So, that means if we are going to do prevention, and prevention implies that we are doing something before it occurs, then it must be done in the elementary school.

Just giving kids information is not adequate; just making them feel good about themselves is not adequate. You have to have information combined with skill-building activities.

As I mentioned, about 80 percent of our prevention education program is in the elementary school, or will be. The next area that we want to focus on is informing adults, and we focus on staff training. Teachers do not intervene and do not report cases of suspected abuse because they do not know how to recognize it. They do not know what drugs look like; they do not know what they smell like. They do not know what a child looks like when they are under the influence.

Kids often play a game of deception with teachers and adults. I have, over the years, listened to students talking to other students about how they deceived adults—busdrivers, parents—how they were able to use drugs, or how they openly used drugs in front of adults who were not even aware that they were using the drugs.

So, that eliminates the credibility of a staff member in working with that child, because that child always has something over on the adult. They are deceiving them. In order to help them gain

credibility, we can provide them with information and raise their awareness level, then that issue can be dealt with.

So, one of the things we are trying to do in terms of creating that network is to have identified one administrator in each school to act as a resource person to other staff members. We conduct monthly meetings and training sessions, and these administrators, in turn, conduct turnaround training sessions in their schools. This has been very effective and is really the basis of our staff program.

Other things that we have going on for staff include a 15-week course that just started for over 100 teachers. We have been able to secure the services of nationally known figures such as Father Martin to do our alcoholism training; Robert Du Pont, former Director of the National Institute on Drug Abuse, to conduct the session on marihuana training.

This is part of a commitment of the school board regarding substance abuse and the prevention of drug and alcohol abuse. We have provided a college-level course or a graduate-level course for elementary teachers to teach drug education, to train them to teach and to use our curriculum.

We have also made arrangements with the lung association, or the local and State lung association, to conduct smoking prevention training for elementary teachers. We believe that if we can make an issue of cigarette smoking, marihuana smoking, in comparison, is like a mountain compared to a mole hill; that if we can make an issue early with young people about cigarettes as a substance of abuse, we can effectively prevent the use of other substances.

In terms of our parent and community involvement, we have approximately 26 parent groups throughout the county. These groups provide education programs for other parents in the schools and our locale. They also work with the school to plan prevention programs. It may be providing information to students, brochures, or whatever.

We have also developed a new organization that we call Fairfax County Parents Who Care, which is a group of those parent leaders who have volunteered their services to develop a telephone hotline and a newsletter to provide information to parents about planning programs.

We also have, and this just started this August, 12 Toughlove groups. These are parent peer groups or self-help groups. We found this to be very effective in terms of getting parents immediate support and help in terms of dealing with their children.

The judge indicated before that we cannot change parents. I think parents can change themselves, but we have to provide a place for them to go and a place for them to meet, and an opportunity for them to change.

We also have a course provided for parents, an 8-week, eight-session course. Those parents have been invited to bring their own children, and currently we have 35 parents and 25 children enrolled in the course.

We have tried to cooperate very closely with the treatment agencies and we have been able to give the schools increased access to treatment agencies and increased information. Each month at those resources meetings, we have a person from a treatment program speak.

We also have improved referral procedures and feedback procedures so that the school officials who do refer students to the treatment programs can get feedback on the results of their assessment.

We also have a pilot court program designed to improve access for school officials to the court system. Previous to this pilot program, it would take several days of time to take one case through the court system. We have cut 70 to 75 percent of that time out, and this is designed to seek early intervention for younger students.

We also have brought together leading figures throughout the community—State legislators, Government officials, leading educators, and community representatives—into a group that we call the Northern Virginia Action Coalition. This group developed legislative proposals on a State level—kind of a regional task force on substance abuse or drug abuse.

We are also currently training peer leaders. Some may call those peer counselors, but we are trying to train peer leaders who would conduct turnaround training for other peers to develop a peer culture that is opposed to drug and alcohol use.

Finally, we are currently participating in a Department of Education program called the alcohol and drug abuse education project or program, the school team cluster approach. This is a program in which four schools—two high and two intermediate schools—are participating in developing a team concept to the substance abuse prevention that is, they have one administrator, one counselor, two teachers, and a community representative who plan and conduct educational and prevention programs for the schools.

Other schools may currently have in existence programs similarly designed to these programs, but they lack coordinating agencies; they lack a team to coordinate those efforts. This is a very efficient and cost-effective way of reaching many people.

These four teams will be conducting turnaround training with the other schools in the system who are also currently developing prevention teams. This team concept has enabled the schools in the community to work much closer together, and has made parents aware that school officials are concerned, and also made school officials aware that parents are concerned and want to help in the area of drug and alcohol abuse prevention.

Thank you.

[The prepared statement of Dr. Riddile follows:]

Statement by Dr. Mel J. Riddile, Coordinator, Substance Abuse Prevention, Fairfax County Public Schools before the U.S. Senate Committee on Labor and Human Resources: January 27, 1982.

I would like to express my appreciation for this opportunity to speak to you regarding the harmful and disruptive effects that drug and alcohol use can have on the education of our young people. My scatements in reference to the detrimental effects of drug use are based upon my own experiences as well as those of other educators who have dealt with hundreds of harmfully involved young people over the last decade.

National surveys conducted over the last decade indicate that the use of illicit drugs by young people has changed from a symbol of a counter-culture or protest movement, engaged in by a small percentage of the school-aged population, to the present situation which finds illicit drug use as a normative behavior engaged in by a significant majority of students. In 1970, 23% of the 12-17 age group had used an illicit drug. By 1980, 65% had used an illicit drug. In 1980, 60% of all high school students reported having used marijuana in the past year, 34% in last month, and 10% reported daily marijuana use.

Recent studies indicated that even these alarmingly high figures may be underestimated. We know that each year younger and younger children are experimenting with illicit drugs. Last year the median age for introduction to marijuana was 11.9 years of age. This means that some students may have four or five years of regular marijuana use prior to reaching their senior year. We know drug use is a contributing factor in school dropouts, and that those who leave school prior to their senior year are not included in the survey results.

The rise in illicit drug use is further compounded by current usage patterns of our most widely used and abused drug, alcohol. Fully 93% of all 12-17 year

olds reprot alcohol use. One-half of the 23 million 12-17 year olds are considered moderate, moderate-to-heavy, and heavy alcohol users. In fact, 41% of all high school students report having drunk five or more drinks at one time in the last two weeks, making them legally intoxicated. The rise in incidents of heavy or binge drinking on weekends combined with the increasing frequency of polydrug use, the use of alcohol and other drugs in combination, has contributed to the numerous deaths through accident and overdose.

Drug use is the leading cause of death among the adolescent population resulting in 16-18,000 alcohol related traffic fatalities each year. Drug use is connected with over half of all suicides and drownings and large numbers of serious injuries.

These are the measurable effects of adolescent drug use, but what about the impairment of the social, emotional, and intellectual development of a whole generation of young people. This is more difficult to measure. We are able to count deaths, drownings, suicides, and school dropouts, but how do we measure the damage done to school environments, families, and communities? How do we measure the damage to an A student whose grades drop to B's and C's as a result of drug use and who is not admitted to the university of his/her choice and who, because of decreased motivation, selects a less demanding major.

Education is a profession concerned with the growth and development of our most vital resource, the minds and bodies of our young people. Drug use, because of its detrimental effect on both the individual and the entire school environment, undermines and works contrary to the goals of education. Today's teachers, counselors, and administrators must be prepared to deal effectively with young people who are harmfully involved with chemical substances, for learning and growth can not take place when a child is in a drugged state.

I will use the term drug use rather than drug abuse, because abuse automatically implies that some unknown level of drug use among young people.

is acceptable. Those who work with them on a daily basis know that as drug use escalates these young people progressively lose control of their use. The results are lowered aspirations and expectations, deteriorating interpersonal relationships, lost dreams, and possible death by auto accident or drug related suicide.

The younger the child at the age of initial experimentation, the less they are able to control their use patterns, and the higher the probability that they will become harmfully involved. That is, that they will experience some problem or feel emotional or physical pain as a result of their use of a chemical substance.

The seventh, eighth, and ninth grades or ages twelve, thirteen, and fourteen is a critical period for young people in relation to the formation of attitudes about drug use and experimental or beginning drug use. A majority of the use problems encountered in a school environment involve students whose involvement with marijuana began prior to their entry into the ninth grade.

Job performance is usually the last area of an individual's life to be affected by adult drug use. Similarly, the school environment may be the last place to see the effects of drug use on the student. Initial experimentation generally does not take place in the school, but rather in a "party" or social situation. In a vast majority of the cases, parents have already observed noticeable changes in a child's behavior, although not necessarily attributed to drug use, long before problems occurred at school. Often, when changes in behavior begin to appear, parents attribute them to the "growing pains" of adolescence. Thus, heavy drug use patterns may go undetected until very late and consequently are often very difficult to control and treat.

It must be pointed out that an important step is taken in the progression of a young person's drug use pattern when drugs are either brought into the school or the student arrives at school in an intoxicated state. In this case,

the user has openly identified with the drug culture and may be using drugs just to get through the day. By that time, drug use has generally progressed to a point where intensive treatment is required.

The effects of the introduction of drugs into the life of a young person who is in a stage of rapid growth and who is developing physically, emotionally, socially, and spiritually is declining academic performance, social withdrawal and eventual isolation, and physical and psychological deterioration. Rather than becoming a more independent, adaptable people, these students become more dependent and unsocialized as drug use escalates.

Adolescence is a time when young people learn to cope with the emotional ups-and-downs of life. When drugs are used in place of internally devised coping responses, the individual misses the opportunity to develop appropriate life skills. When faced with the painful feelings that often accompany frequent drug use, adolescents resort to the only coping behaviors that they have learned, more drug use. The result is an endless cycle of painful experiences followed by inappropriate coping behavior and more drug use.

Drug use has a particularly disruptive and undermining impact on the classroom environment. The extent and nature of its effect on the classroom is based primarily upon the chemically induced mood swings experienced by the individual. Any student who enters a classroom in an intoxicated state disrupts the classroom because of the distracting effect those students have on the other students in the class. While the teacher may be unaware of the student's drug use, other students are anxious to see how the teacher and the students interact or if the teacher notices that the student is in an intoxicated state. In this situation the students have "put something over" on the teacher. It may be readily apparent to others in the class that the student in question is high, but to a teacher with no experience or exposure to today's drug oriented subculture, the intoxication is not so apparent. The other students wonder why

the teacher tolerates students coming to class high and begin to compare or gauge their own behavior to that of the most disruptive student in the class, the one who comes to class high.

In addition to severly impairing individual performance and contributing to classroom disruption, drug use affects the entire climate of the school. The drug using subculture contributes to the formation of a divisive split within the student body by denying the attitudes and values of the general student population and openly defying the authority and responsibility of school officials to maintain order and discipline. Their subculture is preoccupied with finding, buying, selling, and using drugs, denies the value of an education, and is often openly critical of "straight" behavior, which to them represents conscientious students who are actively involved in school activities.

This alienated peer culture offers immediate acceptance to any student willing to engage in drug use. The group grows in numbers by attracting any student having difficulty adjusting to the shcool. Students in this subculture are disproportionately involved in such negative behaviors as truancy, absenteeism, vandalism, class disruption, verbal abuse of staff, and insubordination. These students monopolize the time of counselors and administrators who are trying to find some way of reaching and helping these students. But as long as drug use continues the additional supervision, counseling or tutoring will not help. Performance and behavior will continue to deteriorate. The result, the student may eventually drop out of school.

Dedicated staff, like well intentioned parents, think that they should be able to help each student achieve success. They experience feelings of failure and guilt as a result of a student's continued inappropriate behavior and resultant failure. The truth is that there may be no appropriate educational programs for a student who is under the influence of drugs and alcohol.

Just as adolescent drug use is called a family disease because of its disruptive affect on the family unity, so may it be called a school-wide disease because drug use serves to create a disruptive atmosphere and is associated with a wide-range of negative behaviors, and generally undermines the entire educational process affecting every student and staff member in the school. This situation contributes to parent-school conflict by encouraging blaming between parents and school staff and denial on the part of both the home and school regarding the cause of student misconduct and failure.

Finally, the behavior of the entire student body may deteriorate as a result of the involvement of students with drugs. Students begin to use the worst behavior in the school, possessing and using drugs, as a basis to which to compare their own behavior. Students begin to rationalize and minimize their own indiscretions by comparing them to the behaviors they consider to be the poorest in the school, and ask "why isn't something being done about that."

What can be done about that? What can schools, parents, and communities do to stem the tide of illicit drug use?

In order to effect change in the present situation, we must focus on the attitudes of the adult and student population regarding the consequences of continued high levels of drug use. We know that by providing accurate information about the effects of drugs and alcohol, we can bring about attitudinal change. Simply put, our biggest obstacle to the effective prevention of substance abuse is a lack of knowledge, not only in young people, but particularly on the part of most adults.

Our new elementary curriculum, which will be pilot tested this spring in four schools, is based upon research that indicates that accurate information combined with related problem-solving and decision-making skills can change attitudes, and that an attitudinal change usually precedes behavioral changes.

For example, anti-smoking campaigns in the early and mid 1970's resulted in significant attitudinal changes regarding the harmful effects of smoking. In 1980, national studies revealed a significant 4% decrease in cigarette use.

In that information is critical to current prevention efforts, we are faced with the challenge of educating, training, and involving large numbers of teachers, counselors, and administrators as well as parents, and representatives of various community agencies currently providing services to youth. We know that in order to help prevent substance abuse among our young people, adults must have credibility. In order to gain credibility, adults must demonstr[illegible]awa[illegible]ess of the drug scene. It is very difficult to prevent something that we kno[illegible]ttle about. In order to accomplish this goal, we must create a network of informed individuals throughout the schools, school system and community who are capable of both providing accurate information regarding substance abuse and involving concerned individuals in the planning, implementation, and evaluation of prevention programs designed to meet the needs of the local school and community.

Our efforts are currently focused in three areas, staff (teacher, counselor, administrator) training, parent involvement, and coordination with community agencies currently providing services for youth.

A. Our programs for staff include the following:

1. Substance Abuse Resource Persons - Each intermediate and high school has designated one administrator to act as a resource person to staff, parents, and students in regard to substance abuse prevention education, intervention, and referral. Monthly meetings have taken place since September. These individuals are the foundation of our efforts to provide information and assistance to staff, parents, and students.

2. Fifteen-Week Course - A three-hour, non-college credit course entitled "Alcohol and Drugs: Working with Young People" is being offered for approximately one hundred teachers, counselors, and administrators.
3. Drug Education Course - A three-hour, graduate credit course is being offered through George Mason University. This course is intended to assist elementary teachers in implementing the new elementary curriculum.
4. Smoking Prevention - Arrangements were made with the American Lung Association of Northern Virginia and the Virginia Lung Association to train selected elementary teachers to conduct turnaround training in their schools in relation to smoking prevention education. Each elementary school will be represented by at least one fourth, fifth, or sixth grade teacher.
5. A two-part series of slides and overhead transparencies relating to the identification of controlled substance and stages of chemical dependency has been made available to school-based personnel to conduct turnaround training.

B. Our efforts to involve parents include:

1. Parent Substance Abuse Prevention Groups - Each high school pyramid (high school and it's intermediate and elementary feeder schools) have a parent group whose focus is the prevention of substance abuse. These groups work with the schools to plan parent education programs, to provide support to parents experiencing substance abuse related problems with their children, and to plan and develop other cooperative prevention programs appropriate to the needs of their school.
2. A directory containing descriptions of available community services has been produced and made available to parents and parent group leaders.
3. Parents Who Care - In an effort to coordinate the resources of the schools and community in reducing the incidents of drug and alcohol

abuse, the Substance Abuse Prevention Section has obtained the cooperation of some of the prominent parent leaders to volunteer to coordinate prevention efforts. This group is called Fairfax County Parents Who Care, and will act as an information and referral source providing a newsletter and a telephone hotline.

4. Toughlove - Toughlove is a parent self-help group designed to assist parents in dealing effectively with inappropriate behavior. The Substance Abuse Prevention Section offered a two-session Toughlove Workshop for parent group leaders in October. Since August, this program has grown from one small group of five parents to twelve groups with an average attendance of twenty-five.
5. Course for Parents - A pilot, eight-session course on substance abuse for parents and their children is being offered on Monday evenings. There are thirty parents and nineteen children presently enrolled.

C. Cooperative efforts with community agencies include the following:

1. Smoking Prevention - Arrangements were made with the American Lung Association of Northern Virginia and the Virginia Lung Association to train selected elementary teachers to conduct turnaround training in their schools in relation to smoking prevention education. Each elementary school will be represented.
2. Drug Education Course - A three-hour, graduate credit course is being offered through George Mason University. This course is intended to assist elementary teachers in implementing the new elementary curriculum.
3. Pilot Court Program - Four high schools are participating in a pilot court program designed to obtain early intervention in cases of substance abuse and related negative behaviors by improving access to the court system and by training school personnel in affective use of the court.

4. Treatment Agencies - School personnel have improved access to local treatment programs for students and parents in need of assistance. Inservice programs have provided school-based personnel with opportunities to interact with treatment professionals to share information and mutual concerns.

5. NOVAC - The Northern Virginia Action Coalition (NOVAC) is a group of citizens concerned about the problem of substance abuse among the youth of Northern Virginia, which includes Alexandria, Arlington, Falls Church, Fairfax City, Fairfax County, and Loudon County. These individuals representing education, business, government, public health, law enforcement, and volunteer agencies, have collaborated in developing a series of legislative proposals that reflect the needs and desires of the citizens of Northern Virginia.

6. Peer Leaders - The schools are working with the American Red Cross to train peer leaders who will develop peer, self-help groups in each intermediate and high school. The self-help groups would be trained in listening skills, group processess, and proper referral procedures.

7. The School Team Cluster Approach to Preventing Drug and Alcohol Abuse - Two high schools and two intermediate schools are participating in a pilot program sponsored by the U.S. Department of Education's Alcohol and Drug Abuse Education Program. Focus of the School Team Cluster Approach is the development of a five-member team consisting of one administrator, on counselor, two teachers, and one community representive representative. This team serves to coordinate the resource of the school and community to reduce the incidents of inappropriate behavior including drug and alcohol abuse among the student population. Specifically, the school team facilitates an on-going organizational development project

in which available human resources are enlisted to conduct needs assessments, and plan, implement, and evaluate programs designed to improve the quality of school life by reducing the detrimental effects of such negative behaviors as absenteeism, vandalism, and substance abuse.

The program begins with an initial orientation of key administrative personnel followed by ten days of intensive training of the school team. The training consists of team building activities, substance abuse prevention techniques, and the development of action plans based upon the assessed needs of each school.

Following the training period, the teams return to their respective schools and immediately began to actively enlist the support and involvement of additional staff members with the intent of establishing an expanded version of the original "core team." For example, one school utilized group decision-making techniques, learned during the training period, to involve all staff members in the planning of a revised attendance procedure. The expanded teams have begun to meet regularly to continue to develop plans and programs to reduce inappropriate behavior.

Another school's plans currently include the development of a school community task force to reduce absenteeism, and an enriched in-school suspension program which includes specialized counseling, tutoring, and individualized contracting. Plans also call for expanded student services for "high risk" students including early identification and assessment as well as group counseling and a unique peer self-help group. The team's community representative has been instrumental in helping to initiate parent self-help groups in the area as well as throughout Fairfax County.

In addition, another team has included the faculty advisory council as a part of the team effort and has planned a series of inservice programs relating to substance abuse prevention and to the improvement of instruction

through the appropriate matching of teaching and learning styles. A school beautification project, designed to discourage vandalism, has been begun, as have special counseling programs for "high risk" students, a structured in-school suspension program and a leadership retreat for students. The team's community representative is the head of a parent group called SUPPORT, which has been active in raising community awareness and in obtaining support for the school's prevention efforts.

Other schools may currently have in existence programs of similar design or intent. The unique characteristic of this program is the existence of an established coordinating team composed of a cross-section of the school and community. The key is the coordination of resources. Fragmented or shotgun approaches which rely upon specially funded positions may dissipate when monies disappear. This program is predicated upon the belief that the resources needed to reduce inappropriate behavior and to improve the quality of student life are currently present in the school and community; and by broadening participation in the planning of prevention programs both the community's ownership of the problem and sense of commitment to possible remedies will increase. In the future the four participating teams will train other teams in other schools, making this a very cost effective program with the potential of reaching hundreds of students.

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Senator HAWKINS. Thank you, Dr. Riddile. Your testimony has addressed all my questions. Do you have any Senator Humphrey?

Senator HUMPHREY. No, not at this time. Thank you.

Senator HAWKINS. We appreciate your contribution and look forward to working with you in the future.

Mrs. Rusche, is that correct?

Mrs. RUSCHE. Yes, it is; thank you.

Senator HAWKINS. I appreciate your patience. You are the anchorman here. Please tell us a little bit about your Families in Action program.

Mrs. RUSCHE. Well, thank you very much. First of all, I would like to congratulate you for having these hearings, and I think that all of your witnesses have been excellent, but I think especially to hear the kids tell it like it is has been most effective and helpful. You deserve a lot of thanks as well as congratulations.

Families in Action is one of several parent groups that has evolved in the Nation over the past 4 years, and we were one of the first; we started in 1977. The reason that we organized is threefold. We were really responding to three things that had occurred in our community.

We are a middle-class, primarily white community around Emory University in suburban Atlanta, an academic and professional community, primarily. And a group of children aged 12 and 13 in our community were discovered at a birthday party to be using marihuana and to be drinking alcohol. The parents were absolutely stunned that their children would be involved in this and that kids this young would even have access to drugs, let alone think it was OK to use them.

What those parents did to turn that around, as they look back on it and now define it, was to form a parent peer group where the parents got together; first of all, recognized and admitted that this had happened to their kids, and second of all, by working together, exerted peer pressure back on the kids to interrupt the peer pressure that said drugs were OK. The parent peer pressure was quite clear that drugs were not OK and that that was not acceptable behavior in the family.

Now, just as these parents were getting their kids out of the drug culture about 1 year later, the second thing that happened was that an Emory student flew down to Miami, Fla., and was murdered by the two friends who picked him up at the airport. It turned out that he had $47,000 cash with him and had gone to buy cocaine and was, in fact, a drug dealer on the campus and in the community as well.

He was from a very wealthy family. His father, who had died, was the owner of a major sports team in New York, and his stepfather was the owner of a major sports team in Atlanta. So, he clearly was not motivated by need to become a drug dealer, nor by education, nor by upbringing, nor by any other thing. All of the traditional indices that say people who enter into these activities do so because of "A, B, C" did not work either for the 12- or 13-year-old children nor for the Emory student.

The third thing that happened was that on the heels of the students' death, six shops in our community, in the village that surrounds the university, introduced lines of drug paraphernalia, and

this was like the local record store, the drugstore where kids go for ice cream cones and school supplies, et cetera.

High Times magazine was suddenly for sale in our community in the stores that kids dropped in, and toys and gadgets that glorify and glamorize drug use—not just marihuana, but cocaine and other drugs—suddenly started being sold. We felt that enough was enough. Something had to be done, so we organized Families in Action.

Our purpose then and now was to try to link parents with other responsible adults who come in to daily contact with kids, such as school principals, teachers, police, people in the helping professions, treatment folk, medical folk, et cetera, trying to get everybody working together.

But what we soon realized was that we all tended to scapegoat and blame somebody else. We were very unwilling to take responsibility ourselves; it was much easier to blame someone else. And we felt that it was terribly important to get everybody together looking at the problem and trying to identify specific problems and getting folks working together to solve them.

Soon after we started, groups began mushrooming all over the country—in Florida, in your own State; in California, in Maryland, in New York—all over. And very quickly, these groups began to make themselves known, and we linked up all the groups together in the National Federation of Parents [NFP] for drug-free youth, which was formed in the spring of 1980.

NFP now has offices in the Washington area and there are an estimated 2,000 parent groups in all 50 States, and beginning to occur in other countries, such as Canada and the Scandinavian countries, New Zealand, and Chile.

I think that kind of gives you an overview of who we are and what the parents' movement is, and I would be happy to answer some questions at this point.

Senator HAWKINS. Has the school system in Atlanta acknowledged the extent of the drug and alcohol use among its students, in your opinion?

Mrs. RUSCHE. The answer to that has to be some yes and some no. In our county, when we first began we found a great deal of resistance and denial on the part of school officials. There were some good reasons for that. Any one particular school that is willing to say: "We have a problem in our school," and is willing to say that publicly, gets skewered in the press. And what happens is that all the other schools and communities say, "Boy, do they have a problem at Smith School."

The real estate agents get nervous because word gets out that the school has a bad reputation, et cetera, when, in fact, in reality, everybody has the problem and all the schools have the problem; all the communities have the problem.

A second thing that tends to retard that is that people react very differently. I can understand why the schools are nervous about saying up front, "Yes, we have a problem in our school," because they do get speared in the press, and that gets misinterpreted.

But by the same token, some parents react rather strangely. An example occurred in our school system. We did not have a discipline code in our schools until about 1974 or 1975. The reason that

a discipline code was drafted was that a high school student came to school with a loaded gun one day and the teacher took him to the principal's office, and the principal took the gun away and unloaded it and called the student's parents and said: "Come and get your son. I have suspended him from school for a small period of time."

The parents responded to that by suing the school because they thought the principal had treated their son unjustly. They all went down to court—the school and the parents and the principal. And the judge said to the school superintendent: "Dr. Hinson, do you have a discipline code that says you may not bring a loaded gun to school?" And Dr. Hinson said: "No. We thought commonsense would take care of that." And the judge said: "Case dismissed," and found for the parents.

So, the school folk went back and drafted a very good discipline code. At the time that we came along in 1977, there was drug and alcohol language in the code, but not much enforcement of the language. And when our group began, we made it clear that we were not going to solve problems through litigation and lawsuits, but rather through an attempt to develop communication.

Consequently, that first year that we started, the schools set up an evidentiary hearing committee to hear cases of students charged with alcohol, drug and other violations. That year, over 500 students went before the committee, and 63 percent of those students had been charged with alcohol or drug violations.

The worst thing that can happen to you under our code is that you are expelled from school. That is usually a second or a third offense, or it means that you have been dealing. And while we all understood that the code was very good because it set limits, it was also very harmful to those kids who needed the help most because the kids who were expelled were thrown out on the street and not given any help to encourage them to change their behavior.

So, the school system the following year developed an alternative school, which is a place for expelled students to go to be able to keep up with their education while they are earning their way back into their home school. They receive intensive counseling; they receive a great deal of emphasis on building good self concepts, on communication skills, and I think most importantly on challenging the "use drugs" messages that perhaps led them into this activity in the first place.

The kids study principles of logical thinking and then they are exposed to High Times magazine and drug paraphernalia and the presence in society of products such as "Opium Perfume." There is now a new product on the market—another perfume called "Sinsimila." There is a new skin care product that has been introduced in Texas, called "Cocaine," and there is a new beer being sold in California called "High Brew," which contains, it says, marijuana. How many laws that is breaking, I do not know.

But if we continue to see this kind of thing in society, at least we can tell children and help them see that these messages are aimed at their adolescent spending power at the expense of adolescent health, and I think we need to keep looking at this with kids, as the Hamilton School is doing.

I would like to say one other thing. The schools that are acknowledging that their students are involved with drugs and are working with parents to try to change that are succeeding in doing so.

In De Kalb County where we have worked at setting up chapters around the nucleus of a high school and the elementary schools that feed into it, our school superintendent told us that those schools which had Families in Action chapters were seeing a reduction in use and a reduction in reported drug and alcohol cases. Those that did not have chapters were not.

In Northside High School in Atlanta, where another parent group called Unified Parents has been working extremely hard, the turnaround there has been terribly exciting. Not only is drug use down, but also there are more students enrolled in academic and college preparatory programs than in the history of the school before. And students' SAT scores are going up at Northside, which I think is terribly exciting.

So, once again, we find that if the school is not willing to acknowledge that there is a problem among its own students, what it usually takes is the creation of a parents' group that begins nudging and trying different ways to communicate with the school administrators, and to really build that trust, and it takes 6 months to 1 year to do that, but to build that trust between parents and administrators and then get down to the problem.

I should say one other thing. In spite of all this good news, just last week our State department of human resources released the first statewide survey of drug and alcohol in Georgia, and we still have quite a problem. For instance, the study showed 1 in 10 eighth-graders in Georgia has tried quaaludes; 1 in 4 eighth-graders in Georgia has tried marijuana; and 3 in 4 eighth-graders in Georgia have tried alcohol.

The figures for high school students, 11th and 12th graders, show that 26 percent have tried quaaludes, 51 percent marijuana, 84 percent alcohol. Those are dry, old statistics, but when we look at what is happening to kids in Georgia and we see that there has been a 31-percent increase in teenage deaths in 1 year due to automobile accidents, drug-related, and drug-related homicides and suicides, we begin to get a picture of how serious the problem is.

DUI arrests for 15- to 18-year-olds in Georgia rose from 4,200 in 1977 to 5,000 in 1979. Nationwide, all age groups are increasing their life span, except teenagers. The life span of kids aged 15 to 24 is going down, and the reason for that is drug- and alcohol-related accidents, homicides and suicides.

[The prepared statement of Mrs. Rusche follows:]

MRS. SUE RUSCHE

EXECUTIVE DIRECTOR OF FAMILIES IN ACTION, INC.

Madame Chairman and Members of the Subcommittee:

I would like to begin by thanking you for the opportunity to be able to appear here today. My name is Sue Rusche. I am co-founder and Executive Director of Families in Action, Inc. I am also Vice-President of the National Federation of Parents for Drug Free Youth, which is based here in Washington. Families in Action, Inc. is the nations first community based parent organization formed to prevent drug abuse among children and teenagers.

We organized in 1977 in response to three events that took place in our community in Atlanta, Georgia. First, a group of twelve and thirteen year old children in our neighborhood were discovered by their horrified parents to be regularly using marijuana and alcohol. Second, soon thereafter a student attending the university where my husband teaches, flew to Miami Florida and was murdered by the two friends who picked him up at the airport. Investigation into his murder disclosed that he had taken $47,000 in cash to Miami with him in order to purchase cocaine and that he had been a drug dealer on the campus and in the community where the twelve and thirteen year old drug users lived. Just after his death six shops in the village surrounding the university introduced lines of drug paraphernalia - - toys and gadgets which glorified the use of marijuana, cocaine and other illicit drugs. It seemed to us that

enough was enough and that someone had to do something. We founded Families in Action to link unsuspecting parents with other concerned adults in the community who have a impact on childrens' daily lives. Our purpose was and remains to educate adults about the physiological and psycological consequences of illicit drug use, the extent and use among children in adolescence, and the social and commercial pressures that encourage children to enter the drug culture.

We felt that the problem of drug abuse among youngsters was bigger than any single segment in the community and that the only way drug abuse could be prevented was for families to quit blaming schools, schools to quit blaming police, police to quit blaming kids, all of us to quit blaming each other and start working together to get at the problem.

One effect of Families in Action's early work was the passage of the nations first state-wide laws prohibiting the sale of drug paraphernalia. Since then, some thirty-one states have passed similar laws. We are called upon by parents from all over the nation to share information about how we had organized and about the over-all problem of drug abuse among kids. This led to our publishing an organization manual in 1979 called, "How to Form a Families in Action Group in Your Community." To date, 3,500 manuals have been sold to parents and schools in all 50 states, Puerto Rico, Canada, England, Chile and

New Zealand. A good portion of the estimated 2,000 parent groups that are presently organized in the United States began with the help of our manual.

Since our founding in 1977, we have clipped some 250 daily newspapers, popular magazines, academic and medical journals, and other publications and have catagorized and filed this information for easy retrieval. Our drug information center currently contains some 70,000 documents and is now listed by the Library of Congress as a national referral center for drug abuse information. Eventually, we hope to raise funding to computorize our collection and create a drug information center data bank to keep parents and others concerned about drug abuse among children, abreast of events that influence and contribute to the problem. We publish a quarterly newsletter which draws upon information coming into the center.

In the spring of 1980, leaders from several parent groups throughout the nation convened in Atlanta and founded the National Federation of Parents for Drug Free Youth. (NFP) NFP's goal is to establish a network of existing parent groups, and to assist parents in organizing new groups. In November of 1981, Mrs. Nancy Reagan invited NFP's board members to the White House to share with her the work we are doing to prevent drug abuse among kids.

At this time I would be happy to answer any questions you may have.

Senator HAWKINS. Thank you so much, Mrs. Rusche.

I think we have put together in this hearing all the elements vital to a solution to this problem. The fight will not be easy and it will not be won here today, but we are starting.

Jim, do you have a comment?

Mr. HENDRICKS. Yes. I just wanted to close with a statement that I would like to congratulate you for having this hearing and for your interest in drugs in the American school system.

I am sorry Judge Femia is not here where I could relate a lot more, but I am going to relate upon it anyway. Anybody who denies that there is an increasing drug problem indicates they are part of a lag.

In communicating with kids who are coming off the streets addicted to drugs, abusing PCP with permanent damage, they were in school last month and when I asked them: "Well, where do you get the drugs from?" "In school." "Well, how many people are doing it in school?" "It seems like everybody."

What is important is that this is a problem that, geographically across the country, differs. In your larger cities, you are going to have the abuse or epidemic of heroin. In some of your suburbs, you are going to have the polydrug abuse, the PCP syndrome.

And I just want to put a little emphasis on what Judge Tracey was mentioning, that this is the most dangerous drug. As a matter of fact, it has the same symptoms of irreversible behavior, on a scale of 1 to 10, of a 2 with marijuana and about a 10 with PCP. What makes it so dangerous is it stays in the system for so long that the after-effect has an effect on a lot of kids.

But the age is going down and the problem is getting larger. There are 30,000 treatment slots across the country that are filled; they have waiting lists and funds are being cut. I know, over the years, we have talked about the long, hot summer. We are going to look for one this year in terms of the increase of drug abuse and all the other things that are happening in the country.

Thank you.

Senator HAWKINS. Thank you, Jim. I hope that we will be able to work together to alleviate the problems that you are anticipating in the upcoming summer. I think that we are probably foolish to not spend more money addressing this issue before it gets to be a larger epidemic than it is.

I also agree with you that the problem is getting worse. Every statistic we could find during the investigation, which has been ongoing for several months, demonstrated increases in use and younger people involved. Those of you who deal with it on a daily basis understand that.

We discovered that drug and alcohol abuse is crippling our next generation. It absolutely impacts on the quality of life in the home the school and eventually the workplace.

We have heard from the children today that drugs destroy the quality of education because it renders young people unable to learn. Eventually it invades the workplace. I was thinking as they were testifying, you know, where are they going to work and what is our next generation going to do. There is currently a great demand for scientists. Where are we going to get that resource?

However, while the testimony has been alarming it also is encouraging because we have had young people step forward from all walks of life, and demonstrate that the problem can be overcome.

Their younger brothers and sisters will face the same temptations if the issue is not addressed. That is why we have had this hearing today, and that is why we formed the Drug Abuse Caucus.

I think that what we have learned is it does require all elements holding hands tightly. The family, besides providing love and support, must also learn about drugs and drug-related behavior. It is not a condition to be ashamed of and hide; it is one that must be faced and healed.

I noticed as I left yesterday, in my small community there was a big billboard out in front of the elementary school stating that that evening they were having a discussion on drugs for parents. It alarms most of us. We do not want to talk about grades one through six having a drug problem, it is a problem.

In addition to parental awareness, the schools must confront the problem. They must provide comprehensive preventive education beginning in the first grade.

I think that we must have a rigid code of conduct to deter those for whom the education is too late. The witnesses here today were begging for stricter rules and for consistent punishment. It holds us all up to ridicule when the kids say it is a joke to go into a court. I am sure they do not say that if they go into Judge Femia's court. Unfortunately, he is unusual.

I think that what I have learned is that all professionals must be tough, and parents have to be tough and the courts have to be tough. By being soft as parents or educators we have done young people an injustice.

Also, I think that county and State juvenile courts should establish, publicize and evenhandedly enforce a strict set of rules like those that Judge Femia was talking about. I think it can be done easily. I think that the sentences should stress treatment and counseling. All of you in your testimony here today have reinforced that belief.

I have learned that young people need to be helped; they do not need to be locked up. They are crying for help, and if they cannot get it at home or in the schools, we are going to have to look elsewhere for it. It is essential that all of these elements work together if, indeed, we are going to turn around the drug and alcohol tide.

Neither the parents nor the schools can do it alone. The judges are overworked and overburdened and in a dilemma. They really do not know what to do. In order to successfully overcome the drug problem among the young of this country, all elements must work together.

We really do appreciate your staying to the end and helping us begin to build a record for the Drug Abuse Caucus. I think you will hear a lot from it in the future.

At this point I order printed all statement's of those who could not attend and other pertinent material submitted for the record.

[The material referred to follows:]

the village

COMPREHENSIVE REHABILITATION PROGRAMS

Therapeutic Community for Substance Abusers/Short-Term Intervention Shelter for Adolescents
Extended Care Facility for Pregnant Girls/Residential Program for Family Members
Criminal Justice Re-entry Projects/Life Skills Training Program
Cottage Industry/Picture Framing Project

MATTHEW GISSEN, J.D.
Executive Director

JOAN P. MARTIN
Fiscal Director

DAVID LEVINE, B.A.
Program Director

JAMES HOAG
Clinical Director

February 22, 1982

Jay Howell, Chief Counsel
Senate Committee on Labor and
Human Resources
Subcommittee on Investigations
and Oversight
4230 Dirksen Building
Washington, D.C. 20510

Dear Mr. Howell:

As you are aware, the hearing on "Drug Abuse in the American School System" has generated a substantial amount of attention and interest. I have previously forwarded information on the media coverage.

I now enclose additional information in the form of program information on The Village South as well as comments from other local drug rehabilitation programs and parents on participants in programs. I submit these documents for inclusion in the record of the hearing and would appreciate your bringing them to the attention of Senator Hawkins. We sincerely hope that the hearings and the followup response will have some effect on the overall rehabilitative efforts in this country.

We again offer our assistence in any way deemed advisable in the future.

Village South, Inc.

Matthew Gissen, J.D., President

MG/hg
encls
cc: Senator Edward M. Kennedy
Senator Gordon J. Humphrey

5810 BISCAYNE BOULEVARD/MIAMI, FLORIDA 33137/TELEPHONE (305) 751-3856

the village south inc.

the open-end family

dade county's largest family

Where have you most experienced the feeling of protection and safety? Where did you first know the feeling of belonging? Where did you first realize that you were thought worthy of affection? Where did you first experience respect and esteem? For most of us, the answer to these questions is **the family**.

The relevance of the "family" idea is even more forcefully demonstrated with the task of helping those who have trouble coping with the stresses of life. Instead of asking why the addict is addicted, why the youngster became a delinquent, why the alcoholic craves the bottle or why the runaway slipped out the back door, first ask why the overwhelming majority of us do not become addicted, do not become delinquent, do not abuse alcohol, and do not run away. It would be agreeably flattering if we could simply claim stronger moral fiber. But a more objective analysis would indicate that most of us learn attitudes, behavior and skills for coping with life in that most important setting: the home. This is where we learn to relate to other people, to share, to feel and to act responsibly. This is where we should observe the "role models" of both sexes, and where we first learn the satisfactions of status and approval as rewards for achievement.

These are just a few of the reasons why most of THE VILLAGE programs are built around residency and the concept of an "extended family". Within this framework, the programs and therapeutic methods of THE VILLAGE have been successful in effectuating desired behavioral, attitudinal and emotional changes in its residents.

THE VILLAGE clinical staff has employed therapeutic methods that have been proven successful providing that the approach is positive and as long as it can be administered in a "family" framework.

We are a large family, to be sure, with residents who have already achieved success by completing segments of the program serving as role models for the newer members of the family. It is through this process of growing and giving that enables THE VILLAGE residents to mature and soon move back into society as responsible citizens with new outlooks and hope for the future.

THE VILLAGE has truly become an "open-end" family — undoubtedly the largest family in Dade County.

THE VILLAGE has received funding through contracts and grants from various governmental and private sources to sustain its multimodality rehabilitation programs. Among the activities and treatment methods which are incorporated in THE VILLAGE Treatment Programs are:

- Individual Counseling
- Behavior Therapy
- Legal Counseling
- Vocational Training
- Group Therapy
- Marital/Couples Counseling
- Job Referral and Placement
- Medical/Dental Services
- Treatment Planning Conferences
- Psychiatric/Psychological Services
- Casework Services
- Vocational Counseling
- Family Counseling
- Educational Counseling
- Recreational Therapy
- Educational Classes
- Creative Activities
- Milieu Therapy
- Life Skills Training
- Formal Diagnostic Services

All activities at THE VILLAGE are supervised by a staff of qualified multi-disciplined personnel. In-service training is provided for all staff members on a continuing basis. THE VILLAGE has served as a field training agency for students from the University of Miami, Barry College, Florida International University, Florida State University, Miami Dade Community College and others.

to: the community

What is the name of a drug rehabilitation program that is no longer only a drug rehabilitation program? The answer to this question is The Village which is a comprehensive rehabilitation agency meeting the diverse mental health needs of the Dade County Community.

The initial funding for The Village was received from The National Institute of Drug Abuse for the implementation of a residential drug rehabilitation program. Today, The Village operates one of the largest and most respected residential treatment programs in the United States.

Since its inception, The Village, has been aware of various community mental health problems for which little if any services were available. In response to these needs The Village expanded its available funding resources through grants and contracts in order to provide treatment services in addition to its drug rehabilitation program.

The enclosed slip sheets briefly describe some of the multi-modality treatment services that are presently being offered by The Village. The Village has evolved into a significant part of the health delivery system in Dade County and through the continued commitment of the Board of Directors, Officers and Staff of The Village, the same high degree of quality care afforded to The Village residents will be maintained in the future.

Please accept this as an open invitation to visit with us at our facilities and to see first hand what the concern, understanding and support of a community can do for a rehabilitation program. We sincerely hope that this support will continue in the years to come.

Sincerely,
THE VILLAGE SOUTH, INC.
Matthew Gissen, President

the village south inc.

(commonly known as THE VILLAGE) is a non-profit, tax exempt Florida corporation licensed by the State of Florida, Department of Health and Rehabilitative Services.

THE VILLAGE serves as a referral source for many private social service agencies and mental health practitioners and has established lines of communications with such public agencies as:

State of Florida:

Bureau of Drug Abuse Prevention
Division of Corrections
Division of Family Services
Division of Health
Division of Mental Health
Division of Retardation
Division of Vocational Rehabilitation
Division of Youth Services
Parole and Probation Commission

United States:

Bureau of Prisons
Department of Health, Education and Welfare
Department of Justice
Probation Office
U.S. Marshall's Office
Veterans Administration Hospitals

Dade County:

Addiction Treatment Division
Board of Public Instruction
Circuit, Criminal and Juvenile Courts
Comprehensive Alcohol Program
Comprehensive Drug Abuse Program
Corrections and Rehabilitation Department
Department of Youth Services
Jackson Memorial Hospital

the village

Comprehensive Rehabilitation Programs

Administrative Offices
5810 Biscayne Boulevard
Miami, Florida 33137
Telephone (305) 751-3856

Matthew Gissen, J.D., President
David M. Gersh, M.S., Program Director
Salvatore Feola, B.A.,Clinical Director
Robert R.J.Scanlon, M.S., Psychological Consultant

some examples of the village's family projects.

residential treatment program
extended care facility
transitional facility
short-term intervention shelter
holding facility
habilitation program
life skills training program

This brochure courtesy of
Bennett's Automated Typesetting
Colonial Press of Miami, Inc.

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VILLAGE SOUTH

ORIENTATION PACKET

POLICIES AND PROCEDURES

The Village South is a comprehensive, residential, rehabilitation program divided into four distinct phases: Inductions (3 weeks), Intensive Residential Treatment (4 months), Re-entry (6 months) and Outpatient (9 to 12 months). Inductions and Intensive Treatment Phase are a live-in/work-in twenty four hour a day residential therapeutic situation. Re-entry is a live-in/work-out educational, vocational and social therapeutic situation. We welcome the opportunity to assist you and your family and hope that our relationship will be mutually rewarding.

During the Intensive Treatment Phase residents are required to work in some in-house capacity. It may be at our treatment facility, re-entry facility or one of our "Cottage" Industries, but everyone pitches in and helps. At first there is little communication with the "outside world." All privileges are earned including the first letter and first phone call home. This "quarantine" phase occurs primarily in the Induction Phase of the program in order to remove all distractions and concentrate on client assessment testing and program readiness.

We have occassional open houses and parent meetings every other Thursday at 8 pm. You will be notified in advance, giving you sufficient time to make necessary arrangements. It is important to the clients that their families participate and we encourage you to do so if you possibly can.

Throughout the treatment process, residents participate in group therapy, individual counseling, recreational activities, educational classes, vocational counseling and assessment, psychological and psychiatric appraisal, rap sessions, job functions and receive individually negotiated treatment plans. Family members are an integral part of client treatment and can greatly enhance resident success by participating in twice monthly counseling sessions, open houses and parent meetings. The sessions are under the supervision of staff and are designed to help the client re-integrate with their family "support systems."

Resident movement in our Treatment, Re-entry or Outpatient Phase depends on the client's progress. Our philosophy is: "In order to feel adequate we must do adequate

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things." Advancement from phase to phase depends upon completion of "behavioral assignments" negotiated in the client's treatment plan and further determined by the current stage of treatment and the attendant criteria. We are attempting to help individuals become adequate, productive human beings by recommending various behavioral, emotional and attitudinal alternatives they have previously ignored. It is therefore imperative that at the same time they are re-establishing relationships with their parents, spouses and siblings in order to more rapidly reorganize priorities.

Throughout the treatment process, the staff of the Village South has certain expectations of family members. They are:

1. If a resident leaves the facility without permission ("splits"), we ask the family to refuse him admission into the home and not give him/her any money. Instead, we ask you to encourage him/her to return to the program. Adjustment to a residential treatment situation is quite demanding. Clients do often feel like running away and sometimes will. If your son left a TB sanitorium against medical advice because he didn't like the curtains in his room or was feeling better, would you encourage him to complete the prescribed course of treatment? We are dealing with a problem equally as lethal as TB.

2. Residents <u>are not</u> allowed to receive any money from parents, spouses, friends, relatives, etc. Any monies delegated to the client by family members can be sent to our Intake Office where they will be receipted into his/her accounts by the Intake Staff member. Our Business Office is the only place you may leave things for a resident. Do not bring cash. We are open 9:00 - 5:00 Monday through Friday or you may drop things off when you come to family meetings.

3. Communication with the client depends upon stage placement and indiscriminate phone calls are not allowed. When placed in Stage One clients, with staff permission, can call family members each day between 4:00 and 7:00 pm. Family members seeking to contact Stage One clients by phone during the week may do so during the same hours, except in case of an emergency when calls can be made at any time. In order to develop proper communication between yourselves and the resident's staff member, you may want to speak to the counselor at least once weekly. Recommended days are Mondays and Wednesdays

every day.

4. Residents are encouraged not to buy very much clothing while in the first stage of treatment. The amount of clothing each individual has will depend on their treatment level and needs. Additional clothing may be requested from home as the need arises.

5. We will expect the family members to contact the staff if a problem develops when the resident is home and to provide us with feedback on his/her behavior, attitude, etc. Again, using the Tuberculor patient example, if you saw your son pouring his medication in the sink or coughing up blood, would you tell the hospital?

6. Clients are not allowed consumption of any alcoholic beverage or drug regardless of the circumstance or situation.

7. Bills on services that are not covered by our present grants will be forwarded directly home for payment unless of course you establish different arrangements with our Intake Supervisor.

8. Resident complaints as to improper treatment can be further investigated by simply calling our Treatment Project Director, Louise Henig, at 576-6848. Client objectivity in these circumstances should always be considered.

A program such as ours cannot achieve its goal unless it receives the full cooperation of the client's family unit. We are here to help individuals, and in doing so depend on your support and compliance to program policies, rules and regulations. Your involvement in the treatment process is essential and with that your knowledge of our diverse, and may I add, rather successful program is of further necessity. We will always need your emotional, charitable and financial support.

If you have any further questions do not hesitate to call. We can be reached at 576-6848 day or night.

As you read through this brochure we hope you get a picture of the project we have developed in order to provide our clients with a treatment experience that will enable them to lead productive and fulfilling lives.

The Village South was born in March of 1972 with a group of approximately eight staff members and fifty residents bent on establishing a rehabilitation program free of both philisophical and political conflict.

After departing in a Hertz rental truck from a rehabilitation center they had been located at, they arrived at a church in North Miami without any idea of how to provide for the needs of some fifty ex-addicts. Controversy was rampant due to the dramatic departure from the program they had "split" from, with the media adding a Hollywood-like atmosphere to it all. At that time the Village South was without a name or a facility and had no idea of how or where to locate its population. But they did have identity through their determination, persistence, endurance and unity.

After being evicted from the church in North Miami, residents were herded into homes and apartments of staff members. As our president, Matt Gissen tried desperately to secure the funds necessary to purchase a facility. From the homes of the staff, their nomadic wanderings continued. They were now located in a summer camp facility in Homestead, Florida finding, at last, a place in which to begin organizing. And organize they did. In order to survive food was necessary. A team of residents, headed by our current Program Director, David Levine, acquisitioned same. In order to buy soap, toothpaste, etc., residents went to local farms volunteering to pick peas, plant seeds and harvest corn for a small sum. Therapeutic groups and pep rallies were held, criteria was implemented and a name was presented: Village South. As never before residents and staff members became dependent on one another, fused together by all that this program was founded on; love, security and support. Nobody split and nobody complained for they were doing it together. They were doing something impossible - they were a beginning when those about them predicted only an end.

Finally, in July of 1972, we moved into our "new" facility at 5828 NE Miami Avenue. Although the facilities were not in the best of shape, although the grounds were overrun with weeds and litter, although the residents had been used to better accomodations even as addicts on the street, those first clients and staff felt they had truly found a home. Appearance was not important. Refuge was finally found.

RESIDENT PRIVILEGES

STAGE ONE

The following privileges are available to residents who have demonstrated completion of various tasks. They are not necessarily in order and may be selected at random from the list provided:

a. Phone call to parents, wife/husband, girlfriend/boyfriend, children.

b. Request to give a seminar.

c. Shopping trip (three hours in length, must not interfere with mandated house activity, must be taken with a resident from Stage Four and above).

d. W.A.M. - maximum $3.00.

e. Weekend T.V.

f. Weeknight, weekend study time, alone time (must not interfere with mandated house activity).

g. Job change.

h. Attendance at one Re-entry function (must not interfere with mandated house activity).

i. I.C. with a staff member other than stage staff member.

j. Time in the sun (must not interfere with mandated house activity).

k. Coffee at Lum's with the director.

l. Store trips (unlimited - must have stage staff member's permission at all times).

m. Park trip (three hours - must not interfere with mandated house activity and must be taken with a resident from Stage Four and above).

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RESIDENT PRIVILEGES

STAGE TWO

The following privileges are available to residents who have demonstrated completion of various tasks. These requests are in order and must be selected in that fashion from the list provided. All requests from Stage One, although immediately earned upon placement into Stage Two, must be written on the request slips along with the primary request.

a. Week one - W.A.M. privileges of $5.00 weekly.

b. Week two - 4 hour pass with designated strength.

c. Week three - 8 hour pass with designated strength.

STAGE THREE

The following privileges are available to residents who have demonstrated completion of various tasks. These requests are in order and must be selected in that fashion from the list provided. All requests from Stages One and Two are immediately earned upon entrance into Stage Three, nonetheless must be written on the request sheets along with the primary request.

a. Week one - 12 hour pass with designated/selected strength.

b. Week two - 16 hour pass with designated/selected strength.

c. Week three - 24 hour pass without resident strength.

d. W.A.M. privileges of $10.00 weekly.

STAGE FOUR

The following privileges are available to residents who have demonstrated completion of various tasks. These requests are in order and must be selected in that fashion from the list provided.

a. Week one - 24 hour pass without resident strength.

b. Week two - 30 hour pass without resident strength.

c. Week three - 30 hour pass with 6 hours spent with at least one member of peer.

d. W.A.M. - Stage Four can request $20.00 weekly.

The Village South, Inc.
Program Description and History

Village Staff Philosophy

The greatest force for making people bigger and better than they are now is the belief in your heart and mind that they have infinite potential for growth. Even when they fail us, we are to continue to carry and express the mental image of what/who they may become.

To have someone believe in you, to have someone to believe in, even when you fail, is the most blessed and creative force in the universe.

Village Treatment, Re-Entry Philosophy

In order to feel adequate we must do adequate things. We set goals that may seem unattainable but we achieve through completion of objectives. Through achievement we claim success, through success we feel adequate. We ask only for support for we are afraid, confrontation for we avoid, forgiveness for we have failed, comfort for we hurt, instruction for we must learn, companionship for we are alone, gifts for we must give, love for we need each other, The Village, Our Hope.

Village South

Program Description

The Village South is a comprehensive, residential, rehabilitation program divided into four distinct phases; Assessments (2 weeks), Intensive Residential Treatment (4 months), Re-entry (6 months), and Outpatient (9 to 12 months). Assessments and the Intensive Treatment Phase are a live-in/work-in, twenty-four hour a day, residential therapeutic situation. Re-entry is a live-in/work-out educational, vocational, and social therapeutic situation. We welcome the opportunity to assist you and hope that our relationship will be mutually rewarding.

During the Intensive Treatment Phase residents are required to work in one of our facilities, whether it be at our Treatment facility, Re-entry facility, or one of our "Cottage" Industries. At first there is little communication home. This "quarrantine" period occurs primarily in the Assessment Phase of the program in order to remove all distractions and concentrate on client testing and program readiness. We have occasional open houses and regualr, twice monthly, parent meetings which afford the opportunity for visits at the facility.

Throughout the Treatment process each resident participates in group therapy, individual counseling, recreational activities, educational classes, vocational counseling and assessment psychological and psychiatric appraisal, rap sessions, open houses and parent meetings. These sessions are under the supervison of staff and, as their goal, desire integration of the client back into their "support systems" or community based family units.

Resident movement in our Treatment, Re-entry, or Outpatient Phase depends on adherence to our philosophy of, "In order to feel adequate we must do adequate things". Advancement from phase to phase depends upon completion of "behavioral assignments " negotiated in the client's treatment plan and further defined by the stage criteria applicable to each client. This method of "earning" your way through our program by behavioral assignment completion is an effort to assess the effectiveness of reinforcement techniques in the treatment of drug abusers. Our application of this behavior modification technique at Village South determines client promotion and privileges throughout the week. A resident earns "points" on a scale of one to ten in proportion to the amount and quality of his participation in group therapy and program acitivities, as well as the quality of his behavior. This system permits the resident himself

responsibility for determining whether or not he gets a privilege request or stage promotion. It provides for a more positive experience which puts emphasis on present achievements and successes and requires him to make his own choices in deferment to, or preferment of, gratification. Thus our credit system is intended to encourage resident behaviors dependent not on subjective, external, alien authority figures but rather, dependent on an internal control system; the client. Residents can earn from one to ten (with ten being the highest) points in the areas of daily behavior and attitude, resolution and stage groups. Single points can be earned in the areas of weekly treatment plan goal completions, "box" scores and group ratings. At the same time incident points, (points accumulated for irresponsible behavior) will be subtracted from the points earned. Inevitably, our clients perceive their "points" earned as their weekly "paycheck" and prefer avoidance of "withholding taxes" or incident points subtracted from their gross earnings.

We are attempting to help individuals become adequate, productive human beings by recommending various behavioral, amotional, and attitudinal alternatives which they have previously ignored. The unique aspects of our program include the shortened Treatment Phase (4 months) and extended Re-entry/Out-patient Phase (18 months). Where clients were learning proper behaviors and coping mechanisms for therapeutic community living, they were not learning proper behaviors and coping mechanisms for community living. By shortening the Treatment Phase of the program and intensifying the therapeutic encounter with the client, we were more rapidly transferring clients into the Re-entry Phase of the program without creating a negative dependency on the Treatment environment.

Prior to the transition of clients into Re-entry, an acutely pertinant Transitional Phase has been developed where vocational and educational specialists assess and place clients in situations appraised as relevant to their career and scholastic goals. Once successfully promoted into Re-entry, the client is prepared to begin work and enroll in school without the "cultural shock" of unassisted re-adjustment. "Cultural shock" can best be defined as emotional reactions to the loss of visible reinforcements such as the intimate setting of the Treatment facility to the new social surroundings a client is deposited in upon transfer from Treatment to Re-entry. It can trigger feelings of helplessness, loneliness, resentment, and fears of being forgotten and disregarded. The tasks associated with such a transition include establishing a new peer group, dealing with the loss of status held at the Treatment facility, self regulation of behavior and unknown expectations held by Re-entry staff and Re-entry criteria.

To prevent cultural shock, we have the new Re-entry client residing at the Treatment facility for the first thirty days of his re-entry where he can retain the intimacy of familiar staff, friends and setting. Alcohol absitnance is mandatory to eliminate potential alcohol dependence during a transiton period filled with possibilities of setbacks educationally, vocationally, emotionally and socially.

After the thirty day period as a Re-entry resident living at the Treatment center, the individual moves into the Re-entry facility. Clients are usually eager to make both the geographical and emotional transition. The Re-entry facility is a microcosm of the Treatment center with fewer residents (from approximately seventy-five residents at Treatment to approximately thirty residents living in the Re-entry facility) less stress and an environment which allows more opportunity for relaxation and recreation. By slowly indoctrinating clients into the Re-entry process two months prior to actual transfer to the Re-entry dwelling, gradual adjustment is made and, finally, harmony with the environment achieved.

Upon completion of the six month Re-entry phase of our program, clients are promoted into Outpatient if they have successfully achieved in the areas of full time employment, reconciliation financially (debts paid, etc.) a savings account of some $400.00, at least one 3 credit course educationally, high school diploma, Florida driver's license, six months of drug abstinence at a formal club weekly, a social support system, behavioral and attitude rating of (7) and above (on a scale of one to ten) for the eight weeks prior to transfer into the live-out/work-out phase of our program.

With movement into Outpatient, clients were more or less dismissed from responsibility to any specific criteria. Suddenly clients who had been limited by program rules and regulations and had developed their own behavioral perimeters found themselves without obligation to any procedures mandating positive performance. Their value systems dissipated upon a deluging of freedoms enticing negative compromise. The Village confronted this situation by constructing a twelve month Out-patient Phase calling for weekly individual and group counseling sessions, presentations to Treatment and Re-entry residents on their accomplishments as well as their setbacks, random urinalysis, employer contact, home visitations and a network of community based agencies communicating client stability or instability. Groups are held in the homes of Outpatient clients generating a relaxed atmosphere within which to discuss emotional and behavioral problems. Family and couples counseling sessions are supervised by Outpatient staff to continue the process of social support interpersonally. Each month clients report, individually, to their peer as well as the Re-entry residents about their progress vocationally,

educationally, socially and financially, standing before their brothers and sisters reinforcing their success through validation empirically. Upon completion of the twelve month Outpatient Phase, clients are graduated from the program.

Graduation from Village South is a once yearly event and includes celebraties and dignitaries from the community professionally, politically, and regiously, parents, relatives, spouses, staff and residents. Some three hundred "friends of the Village" are a part of the consummation therapeutically of some twenty-two months of self exploration and change resulting in the completion of a program that never ends; Village South.

Along with graduation of the adult from Village South is the journey that the adolescent travels through in order to complete the program. Thus the Village South saw the need for an Adolescent Component which addresses the special problems of individuals between the age of twelve and twenty-one.

History of the Village South

The Village South was born in March of 1972 with a group of approximately eight staff members and fifty residents bent on establishing a rehabilitation program removed of both philosophical and political conflict.

After departing in a rented truck from a rehabilitation center they had been located at, they arrived at a church in North Miami without any idea of how to care physically or environmentally for the needs of some fifty ex-drug addicts. Controversy was rampant due to the storybook like exit from the drug rehabilitation program they had "split" from, with the media adding a Hollywood like atmosphere to the saga. At the time, the Village South was without a name, a facility and also had no idea of how or where to locate its population. But they did have an identity through their determination, persistence, endurance and unity.

After being evicted from the church in North Miami, residents were herded into the homes and apartments of staff members as our president, Matthew Gissen, tried to secure the funds necessary to purchase a facility. From the home of the staff their nomadic wanderings continued as they were now located in a summer camp facility in Homestead, Florida and then finally finding an environment in which to begin organizing. In order to survive, food was necessary and a team of residents, headed by our Program Director, David Levine, acquisitioned adibles. For hygeine items, the residents in the program went to local farms in groups and volunteered to pick peas, plant seeds and harvest corn for a small sum.

Therapeutically, groups and pep rallies were held, criteria was implemented, and a name was presented- Village South. As never before, residents and staff members became dependent on one another, fused together by all that this program was founded on- love, security, and support. Nobody "split", nobody complained for they were doing it together, they were doing something impossible, they were a beginning when those about them predicted only an end.

In July of 1972, the Village South moved into a new facility at 5828 N.E. Miami Avenue. Although the facilities were not in the best of shape, although the grounds were overrun with weeds and litter, although the residents had been used to better accomodations in the past, those first clients and staff felt they had truly found a home. Appearance was not important for refuge was finally available.

From that incredible beginning, Village South has further evolved into a comprehensive rehabilitation agency with a foundation unlike any therapeutic organization in this country. From its inception as a rigid, inflexible drug rehabilitation program it is now a pliant, adaptable, comprehensive rehabilitation program incorporating into its therapeutic repertoire the philosophies and concepts that only eight years of change can elicit.

This program is presently writing its own story but it has as its author a beginning and that beginning gave birth to me. . . hopefully to you as well.

HERE'S HELP, INC.
15100 N.W. 27th Avenue
Miami, Florida 33054

Phone: (305) 685-8201
Drug Prevention, Rehabilitation & Education

February 23, 1982

The Honorable Paula Hawkins
U.S. Senate
Room 1327
Dirkson Office Building
Washington, D.C. 20510

Dear Senator Hawkins,

We are sure that you are well aware of the epidemic proportions which drug abuse has reached in south Florida.

The Dade county area, which we immediately serve, is receiving international media coverage as a place where all kinds of illicit drugs are readily available to juveniles on the street.

At a time when Drug rehabilitation centers are critically in need of additional funding, we would respectfully solicit your support in behalf of our youth. In 1981, Administrative cuts in funding allocations took more than one third of the over-all budgets allocated for drug rehabilitative funding.

The services which we provide could not be duplicated or replaced for twice the cost involved were the State or Federal agencies to attempt to shoulder this burden.

We know that you share our concern for those many thousands in need of drug rehabilitative treatment, and we respectfully request that you bolster our efforts to reach drug abusers with a service which has the minimal financial impact on the American taxpayer.

Won't you please help us in our fight to redeem the lives of our youth for a meaningful drug free purpose?

Sincerely,

JOHN KROSS
Program Director

JK/rmb

425 Northeast 43rd Street
Boca Raton, Florida 33431

February 19, 1982

The Honorable Paula Hawkins
United States Senate
Room 1327, Dirksen Office Building
Washington, D. C. 20510

Dear Senator Hawkins:

Please include my letter for the record on your hearing entitled" Drugs in the American School System" which was held on January 27, 1982.

I am writing to you on behalf of countless parents and children, who like my self and my son have a future to look forward to because of the help we are receiving from a fine drug program in Miami, the Village South, which will have to cut back on its services unless you and your colleagues join in opposition to massive cuts in federal aid for this cause.

Florida's young people have become a prime target for drug pushers and more -not fewer programs are needed here - not only in the high school, but especially in middle schools, and even elementary schools where children need to become aware of the dangers and learn how to cope with their problems without becoming victims of drugs.

We need more treatment centers which provide hope and return these youth to productive lives. Surely that is less expensive than jails which harden them and return them to the streets to take up lives of crime in the need to feed their evil habit.

Village South is one such treatment program. My son, Greg, now a controlled drug addict, has been living there for one year and through therapy, counseling and support, is now on the way to becoming a responsible citizen again.

Through the Parents Group at the Village South, family members learn to adjust and cope with the problem. Not only does the client learn to become a whole person again, but his loved ones learn of their past mistakes in dealing with problems.

We need your support, because only through treatment centers such as the Village South will it be possible for children and adults to come out of the world of darkness into the light of hope and encouraged to become self-sustaining men and women who can enter into society again.

Do not let tax cuts rob us of this opportunity.

Sincerely,

Barbara M. Rich

Barbara M. Rich

cc: Senator Gordon J. Humphrey
Senator Edward M. Kennedy

425 Northeast 43rd Street
Boca Raton, Florida 33431

February 19, 1982

Mrs. Ronald Reagan
The Whote House
1600 Pennsylvania Avenue
Washington, D.C. 20510

Dear Mrs. Reagan:

Those of us who have had drug problems in our families are very hopeful when we see that a woman in your position is taking an interest in this problem.

I have a son, Greg, who has been at the Village South, a drug treatment center in Miami, for almost a year. When he entered the Village he was a very sick, worthless, and addicted person. With the love, compassion and understanding that he has received from the staff at the Village he is becoming a responsible citizen again. This has not been an easy year for Greg or any of the clients at the Village. They are learning a completely new life style. This is also true of the parents. We are learning through the Parents Group of the mistakes we made with our children. We are also learning "tough love" which has probably saved many lives and will save many more.

The epidemic of drug abuse in our country is very frightening. We need to acquaint our young children with the hazards of drugs and help them cope with their problems without becoming victims of the drug pushers who abound in our area.

Without continued help from federal funds, many young lives will be lost. It is far more expensive to deal with crime than it is to deal with the rehabilitation of young people. Criminals return to the streets to spread more violence. The money spent to treat or prevent drug addiction in our youth returns to us many fold in the taxes paid by successful men and women.

Please help us by encouraging federal support for these programs.

Sincerely,

Barbara M. Rich

Barbara M. Rich

DEAR SENATOR HAWKINS,

I AM A RECOVERING ADDICT, AND YOUR RECENT HEARING ENTITLED "DRUGS IN THE AMERICAN SCHOOL SYSTEM," HAS PROMPTED ME TO WRITE YOU, AND VOICE SOME FACTS AND FEELINGS CONCERNING THIS MOST CRUCIAL SUBJECT.

YOU APPEAR TO BE GATHERING THE NECESSARY INFORMATION DEALING WITH THE PROBLEMS OF DRUG ABUSE WITHIN THE SCHOOL SYSTEM, AND I APPLAUD YOU FOR YOUR INTEREST AND EFFORT.

THE FACT REMAINS HOWEVER, THAT ONCE THE STUDENT IS ADDICTED, THE SCHOOL SYSTEM DOES NOT HAVE AVAILABLE TO IT - THE NECESSARY INTERVENTIONS THAT MIGHT WELL REHABILITATE THAT STUDENTS NEGATIVE LIFESTYLE.

DRUG TREATMENT CENTERS ARE WITHOUT QUESTION THE ONE THERAPUTIC INTERVENTION THAT PRESENTS THE GREATEST SUCCESS IN THE FIGHT AGAINST DRUG ADDICTION; AND YET OUR GOVERNMENT CONTINUES TO REDUCE THE NECESSARY FUNDING FOR THIS MOST IMPORTANT MODALITY. YOU CONTINUE TO ROB PETER TO PAY PAUL, AND SOMETIME DOWN THE ROAD YOU WILL END UP ROBBING PAUL - IT'S HISTORIC!

THE FUTURE OF OUR COUNTRY DEPENDS ON THE PROPER GROWTH OF ALL OUR YOUNG PEOPLE - EVEN THOSE WITH PROBLEMS.

I URGE YOU AND YOUR COMMITTEE NOT TO VOTE FOR ANY ADDITIONAL CUTBACKS, AND TO CONSIDER RECOMMENDING LEGISLATION TO REINSTATE THOSE BUDGET CUTS THAT HAVE ADVERSLY EFFECTED DRUG PROGRAMS.

RESPECTFULLY,

HOWARD L. MOSS

Dear Senator Hawkins

I recently became aware of Congress's hearing on "Drugs in the American School System.

For the record. I am a 39 year old former drug addict. Some 20 years ago I became involved in the "Drug Culture of America." My introduction to drugs occured while I was a student in a dade county, Florida public high school. This is not to say that I place blame on the school system of that time but the reality is that our schools are a breeding ground for drug use.

After years of living a hell-like existence, I found help in a treatment program. I had previously tried private therapy in many forms as well as various support groups to no avail. It is my personal experience that leads me to believe that the only major help for drug abusers are treatment programs.

I find it appaling that funds are being cutback for treatment programs. The bed space lost by these programs eventually must be picked up by our penal system as the displaced users go back to drug use. Treatment programs have proven themselves over the years. I appeal to you to vote against any further cutbacks and help treatment programs save the lives for which they are trained

Sincerly
Shelly Siegel

Mail Address
Box 151
HoHoKus, N. J. 07423

14 Hope Street
Ridgewood, N. J.
(201) 447-1696

THE HOLMSTEAD SCHOOL

RECEIVED FEB 1 1982

Dear Sirs,

Enclosed you will find letters that may be relevant to the current Hearing by the Senate Labor Committee's subcommittee on teenage drug abuse. I am a teacher at the Holmstead school. These students are considered gifted, but almost all of them have had or have problems with drugs. These students come from different social backgrounds and have been entered into our program for various problems and difficulties they had in regular high schools. All of them are qualified to write and speak knowingly of the great epidemic of teenage drug abuse in our high school and grammar schools. Please read these letters and fight for the needed drug reform and rehabilitation programs.

Please let us know how the hearings go.

We would appreciate the feedback.

Sincerely,

Mark Holcher

John Kerkhoski
174 Maplewood
Ave. Bgta
1/29/81

U.S. Senate
Senate Labor Committee

Sirs:

I Know of the hearings that ARE being held and I would like to express my feelings.

I Attend the Holmstead school, which is private. The reason I Attend this school AS follows: I started drinking heavily At Age 10. My parents didn't mind, because of its social Acceptence. At 12, I WAS smoking, both MARIJUANA and tobACCO. Six months later I had tried every Known drug AVAILable. I WAS so messed up and my parents didn't Know what WAS going on. So they Finally sent ME to A social worKER. I HAVE been seeing her for 2 years And the results ARE remarKable. The only drugs I do Know ARE Alcohol and tobACCO. Plus the medication I WAS taKing (Valium) is no longer needed. I believe programs which help Kids breAK the habit ARE needed. The Holmstead school HAS ALSO helped ME, realizeing what drugs do. to KidS. All they talK About is their parties & how blown out or burnt they were. LucKily, I got out of it when I could. These people HAVE A crutch. They depend on their drugs. But thANKS to the help I get I in doing Alright And continue doing so.

THANKS.

John J. Kerkowski III
A concerned 16 yr old

Second Genesis, Inc.

residential therapeutic communities
Maryland/Virginia/Washington, D.C.

1204 Prince Street
Alexandria, Virginia 22314
(703) 683-4610

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INFORMATION SHEET

SECOND GENESIS, INC., a private, nonprofit, residential treatment program, specializes in providing rehabilitation treatment services to drug abusers, offenders, and others who have established noncoping, irresponsible lifestyles. Founded in 1969, Second Genesis operates four residential therapeutic communities serving Washington, D.C., Maryland, and Virginia. Treatment in a therapeutic community consists of a highly structured, thoroughly supervised, twenty-four-hour-per-day, chemical-free residential program.

The Second Genesis program has often been described as a school which educates people who have never learned how to live and feel worthy without hurting themselves and others. Second Genesis helps people who have tried again and again to get what they wanted from life and have continually defeated themselves. The principal combines the basic and universal human values of knowledge, love, honesty, and work with the dynamic instrument of intense group pressure in order to recognize and help correct the personality defects which prevent people from living by these values. The results are rehabilitation so that the individual may reenter his or her community as an independent and productive person.

The program is staffed by a multidisciplinary professional team directed by Sidney Shankman, M.D., a psychiatrist, and Alan M. Rochlin, Ph.D., a clinical psychologist, and includes master's degree mental health and vocational rehabilitation counselors, learning disabilities specialists, family therapists, addiction specialists and a research analyst. The facilities are staffed by individuals, many of whom have completed treatment communities like Second Genesis and have gone on for further training as mental health professionals. This diversity of specialized skills permits the selective application of group therapy and individual counseling, educational and vocational services.

Generally applicants accepted are 14 through 45 years old, male and female, without regard for race, ethnic group, or socioeconomic status all striving for the common goal of self-reliance at the same time discovering love and self-respect in a family-like setting.

Second Genesis is funded primarily through contractual arrangements with state and local governments. Each funding source has its unique eligibility criteria. Supplementary funding is received in the form of cash and in-kind contributions from community based organizations, churches, and individuals.

Second Genesis' cost effectiveness might best be judged by the following current comparisons:

Psychiatric hospitalization average per diem cost -- $300.00

Incarceration average per diem cost -- $40.00

Second Genesis per diem cost -- $21.00

At the present time, drug addiction has hit epidemic proportions particularly in the northeastern corridor of our nation. Funding sources have not been able to supplement the number of treatment beds funded to meet this emergency. Second Genesis is providing treatment currently for seventeen individuals even though funding is not provided rather than have them on a waiting list.

It is estimated that Second Genesis will need to raise from community contributions $325,000.00 in order to compensate for underpayment of client treatment costs and to provide for payments of clients in treatment who are not funded by contract sources.

Contributions may be sent or additional information may be obtained by contacting Second Genesis, Inc., c/o Ms. Ruth Cavanagh, Community Relations Coordinator, 1204 Prince Street, Alexandria, Virginia, 22314, phone number - (703) 683-4610.

Second Genesis means a new beginning, a second chance, often the last chance for many who are referred by the courts, agencies, professionals, schools, or who contact Second Genesis directly. Anyone can make referrals by contacting the Intake Counselors located at the following addresses: Second Genesis, Inc., 4720 Montgomery Lane, Bethesda, Maryland, 20814, (301) 656-1545, Monday-Friday, 9-5; or Second Genesis, Inc., 1204 Prince Street, Alexandria, Virginia, 22314, (703) 683-4610, Monday-Friday, 9-5.

A Deadly Drug's Bizarre Aftermath

By Helen Cordes
Journal Staff Writer

Last in a series

The three young men would have blended perfectly with a crowd of their peers at a high school or shopping mall.

Rob, with a steady gaze and a quick grin, seemed the type who would be everybody's friend. Brad, a gamin-faced blond with a ready answer for everything, might have been the class cut-up. And the handsome, broad-shouldered Eric looked the jock, lucky with the women.

Today, though, Eric shakes uncontrollably as he talks of his past two years of heavy PCP use. In the past two months, Brad has had two seizures. His counselors at the Second Genesis drug rehabilitation center near Upper Marlboro blame them on five years of PCP use. Rob, after almost a year at Second Genesis, is still trying to shake the stranglehold of PCP, the drug that left him so depressed he couldn't leave his house for weeks at a time.

PCP is now the Washington metro area's most popular drug. Developed for use as an animal tranquilizer, the powerful drug commonly causes bizarre, often violent behavior in its users.

Moreover, users inherit a dangerous legacy. Since PCP remains stored in the fatty tissues of the body and the brain, flashbacks, sparked by emotional upsets, can occur many years after the drug is taken.

See PCP, Page A7

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The Prince George's Journal, Thursday, January 21, 1982 A7

PCP: 'A Nowhere Feeling'

From Page A1

"You know the scary thing," muses Jimmy Hendricks, an energetic ex-heroin addict who co-ordinates the five metro area Second Genesis centers, "is what I wonder if these kids will ever get rid of the drug."

He sighs as he reflects on the three Genesis residents who have just told their stories in a sun-washed room at the Upper Marlboro Genesis center. "These are the kids," he said quietly. "These are the same kids in our schools and in our streets."

Yet only a fraction of the hundreds of county youths Hendricks estimates have serious problems with PCP can be helped at a residential center, a treatment judged as most effective. Rob, Brad, and Eric (not their real names) are among 68 residents at the county's only residential drug treatment center.

It's been a while since Rob was the person he likes to remember. The amiable 20-year-old recalls his early years at a Prince George's high school in an even tone flavored with a Maryland accent.

"I used to be really outgoing, and involved in a lot of sports," said Rob, whose wavy brown hair touches the collar of his plaid flannel shirt.

At the time, Rob's older sister was trying different drugs, and Rob decided to try PCP. "I was curious," he said. "I wanted to be like the older kids."

Soon, he smoked PCP, sprinkled on a marijuana joint, "usually about twice a week. It was really easy to get at sch ol," he said, often [illegible] on the street.

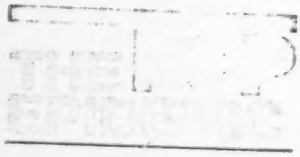
"The feeling I got was kind of like nowhere. It made you numb, where you could block out reality, and be in your own little world," Rob said.

While Rob enjoyed school, his home life sometimes made escape attractive. "From the time I was little to the time I was 10, I was in and out of foster homes," he remembers.

Calm reserve wavering, Rob frowns. "I've never been too close to my parents. I think some problems started when my mother divorced my real father. She'd tell me not to go out, and I would anyway," he said.

After about two years of steady PCP use, coupled with other drugs, Rob "got into a big depression. I really didn't care about things. I just wanted to stay around the house and not go out."

Rob has spent the last 10 months of his life at Second Genesis.



Brad was 11 when he first started regular use of PCP. It was in plentiful supply at his Baltimore junior high school, and school officials, Brad believed, didn't have a hard-line attitude toward the drug.

"When I got busted at school, they just made me go to an outpatient clinic for a little while," he said. "I went for two weekends, and pretended it was doing me a lot of good. That way, they stopped making me go."

He continued heavy use of PCP. "Everytime, I just wanted to do more and more," Brad recalled. The strength of the drug, though, would frighten him.

"One time, I got really high, I came home, and all of a sudden, I started swinging at my grandmother," he said.

His grandparents, who have raised Brad, were confused and anguished. And Brad tried to quit PCP and the other drugs he used, including pot, acid, and cocaine. But when he gave them up, he found, he'd start thinking of his problems, and give in again to the escape.

When Brad came to Second Genesis last November, he had logged five years of PCP use. Since coming, he has had two epileptic-type seizures.

Sometimes after Eric had done a lot of PCP, he would try to tear down trees and try to climb up them, he recalls. "I would get so numb from the PCP, I felt I had to move around real fast and make contact with my body with something," he explained.

Eric, who just turned 20, has an easy smile and expressive brown eyes. Although the room is warm and sunny, the right side of his body shakes markedly.

His sentences are rushed and jagged as he remembers passing out for several hours in the woods near his school after smoking PCP. "Most of my friends just left me because I wouldn't wake up. The next day, they told me, 'hey man, you just about died yesterday.'"

He would want to stop, but couldn't resist the thrill of the drug. "I wanted to go to the limit all the time," Eric recalled, sweat standing out on his forehead.

A late starter with drugs among his peers, Eric said he didn't use drugs until he was a high school senior. Growing up in a comfortable Prince George's neighborhood, he said he was "spoiled real bad."

When he started taking PCP and other drugs, which flowed freely at his school, Eric started stealing to buy more drugs. "I started stealing like crazy from my parents," he said. "I got real sneaky."

"It's strange," he said, shaking his head and forcing the words out. "My parents have always been behind me. They really love me."

Eric's counselors at Genesis say he has passed out twice in his first month at the center.

Some former PCP users who are trying to break the habit at Second Genesis.

BEST COPY AVAILABLE

Ex-Heroin Addict: PCP Users 'Out of Control'

By Helen Cordes
Journal Staff Writer

Even at the height of her addiction to heroin, Mary Finn said she was always aware of her actions. But with the kids on PCP she sees as director of the Second Genesis drug treatment center near Upper Marlboro, Finn senses that they are often "totally out of control."

"I knew a girl with PCP problems who used to say she saw people coming at her in hoods. One day she walked off a roof," Finn said. "Was this kid in control? I don't think so."

Similarly, Jimmy Hendricks, who oversees the five area Second Genesis centers, remembers "a guy who was going to cut up his mother with a bottle because he thought she was the devil."

PCP, a powerful street drug that is currently the most popular drug in the county, often causes "a complete break with reality," explained Hendricks. The phenomenon makes treatment for PCP users a confusing, frustrating, and tedious task.

Hendricks, a stubby, enthusiastic man who has won national recognition for his work in PCP treatment, believes that treatment at residential centers may provide the only effective help. "The outpatient clinics are at a real disadvantage," he said. "There's just not near enough contact with the patient."

Hendricks sadly points out that the Upper Marlboro facility is the only residential center for both Prince George's and Montgomery counties. Its 68 residents, he said, represent only a small number of area youngsters who abuse PCP.

"It's too bad, because we're still cheaper than jail, or placement in a restitution program, for drug offenders," he said of Second Genesis, which is supported by federal, state, and county funds.

PCP treatment at Second Genesis combines counseling and peer encounters with exercise and a regulated diet that adds ascorbic acid supplements and cranberry juice and restricts caffeinated drinks.

All Second Genesis residents cooperate in taking responsibility for much of the center's day-to-day workings, including the cooking, cleaning, and some administration. They follow a regulated schedule, and disciplinary measures are "designed not just to punish, but to learn from mistakes," said counselor Ian MacAgy.

Hendricks said his treatment formula has resulted in success in the county, and in clinics in other states. But he also added that a lack of research has "left a lot of unknowns" about PCP treatment.

Although the drug has been growing in popularity since 1975, the drug is still considered relatively new. The drug is too new, for example, to have produced ex-addicts who return as drug counselors, as have Hendricks, MacAgy, and Finn. Ex-addicts, Finn said, often inspire a crucial trust in drug users.

The same lack of knowledge trips up users, and the parents and teachers who are in daily observation.

"Kids still don't realize how dangerous it is," said MacAgy. Users are often attracted by a sense of power and control that PCP creates.

But the odd, rebellious, and violent behavior that is a byproduct of the drug is typically misdiagnosed as "general acting out," Finn said. Adds Hendricks, "when a kid exhibits that behavior, it's usually marked down as 'disruptive behavior.'"

Finn cited some of the deceptive earmarks of a PCP user. "The user tends to be very hostile, very rebellious; cursing at mother, not answering, that kind of thing. They might respond with a blank stare. They don't give a damn, and they say it openly," she said.

Second Genesis counselors respond to these systems with an individualized program of counseling and group encounter. While the treatment is long and difficult, it's usually met with success.

Second Genesis provides GED high school equivalency training, and other vocational training, Hendricks said, adding that several Second Genesis residents are attending college.

Relatives of Second Genesis residents have also formed a support group called "Friends of Second Genesis," Finn said, and gather to discuss the effects of PCPs and other drug on their children and family. She said concerned parents could learn more by calling 568-4822, or calling the Second Genesis speaker's bureau at 683-4610.

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Increase Reported

The use of PCP is on the rise in Prince George's County.

That is the belief of Thomas M. Browne, Jr., chairman of the County's Addictions Advisory Council and computer scientist for Planning Research Corporation, and James B. Hendricks, vice chairman of the Advisory Council and regional director of Second Genesis, Inc.

Browne notes that there has been a recent increase in the number of arrests of persons charged with manufacturing the drug in the county.

PCP laboratories have been found in Temple Hills, District Heights and Laurel he said.

"From this increased manufacturing of PCP, one can assume that there is now more PCP on the streets," Browne added.

Information from a local outpatient counseling program in the County shows that almost 20 percent of its cases are primary PCP users, he emphasized. Statistics from a large, residential program in the County indicates 29 percent of the patients are also primary PCP users.

Browne said this increased use of PCP comes after several years of what appeared to be a tapering off of use of the drug in the County.

He noted that in 1976 the Federal Drug Enforcement Administration called the Washington area "the PCP capital of the country." By 1979, it had dropped to third place.

Browne believes there may be an upswing in the use of PCP during the current recession because "it is one of the cheapest drugs to manufacture and buy. It also is relatively easy to make."

The reoccurrence of PCP is frightening to Browne and Hendricks. That is because of the long-range effects of the drug on users.

"Evidence indicates that this substance is chemically, pharmacologically and behaviorally distinct from other classes of psycho-active compounds and is infinitely worse than LSD," Browne says.

With chronic use of PCP - three or more times a week for a minimum of six months - it has been reported that it may require several weeks to several years until the person again feels "normal" after discontinuing use of the drug, Browne said.

During this period the person may exhibit speech problems, memory loss, thinking disorders, personality changes, anxiety, severe depression, suicidal and homicidal tendencies, according to Hendricks.

He said PCP primarily affects the "higher" or "integration" centers in the brain and has been demonstrated to increase sensitivity to sensations such as light and sound. It also affects the centers that control emotional expression, aggression, vision, hearing and motor movement.

Browne and Hendricks found that the average abuser in their population study used PCP almost daily for five or six years. It is an accepted fact that a typical "street dose" is estimated at 5 milligrams, according to Hendricks.

He said that "we are already familiar with the immediate effects of PCP caused by such dosage.

"It is a proven fact that over several months of chronic PCP use, the user's intake increases to 200 mg. or more per day. The after-effects associated with this type of consumption is mind-boggling."

Hendricks said "perhaps one of the most remarkable differences between those who have used PCP and those who have never used it is the greater involvement of PCP users in poly-drug abuse."

This is because PCP users may be ingesting other drugs in an effort to reduce the psychic and emotional distress which they are experiencing. In some studies it was found PCP users were taking heroin as a method of reducing the withdrawal symptoms of PCP abuse.

PCP remains in the user's system considerably longer than any other known drug, Hendricks said, adding, no medication has totally reversed the effects of PCP.

Another fearful aspect of PCP is its ability to produce a schizophrenic form of psychosis following use which can last from four to six weeks or longer.

"This psychosis is characterized by the appearance of the cardinal signs of schizophrenia and unpredictable aggressive or withdrawal behavior.

"PCP has no equal in its ability to produce brief psychosis nearly indistinguishable from schizophrenia, Browne stated.

Browne and Hendricks have found that "PCP users display depression, agitation, hostility and belligerence and are unable to cope with the demands and expectations of structured, intensive therapy regimen."

This results in PCP patients not being able to take part in standard rehabilitation programs.

But Hendricks and Browne have found that such patients "can participate in therapy if special training is conducted for staff and other clients to make them aware of the special needs of PCP clients. Recreation and a special diet to metabolize PCP out of the client's system were found to be a beneficial therapeutic tool." It is emphasized that a program of support and reinforcement must be provided within the treatment setting.

Second Genesis found in treating PCP patients that as the effects of the drug wore off, patients became more aware of the treatment program and the demands on them to participate.

They found that during treatment, clients often become impatient for results and upset when they did not respond even though off the drug.

Hendricks emphasized that it is therapeutic to help a client understand that any existing memory loss or speech problem is most likely a PCP-related event and will usually reverse itself over time.

"Loved ones of a patient either find it hard to accept or are unaware of the fact that even though a patient is off PCP the after-effects can and do last from several months to several years following discontinued use of this substance," they noted. The two list eight steps that can be taken to aid PCP patients:

1. All programs should have a referral file; a range of services exist or can be developed within the community which can provide assistance to service workers having problems with PCP abusers.

2. There is a need for establishing an exclusive program for the treatment of PCP abusers to more adequately address their unique needs.

3. There should be cooperation and coordination between community agencies and private citizens so that everyone may learn about the problems of PCP abuse.

4. All mental health, drug abuse treatment, criminal justice, psychiatric, medical and educational agencies should be provided training in the latest PCP techniques concerning treatment, detection, detoxification, etc.

5. All branches of the media should be provided with up-to-date information on PCP and related services. An informed public is the best weapon toward warding off an epidemic.

6. If a prevention effort is to work before the onset of a problem with PCP, families, community agencies, and schools must be educated on the problems of PCP abuse.

7. Basic medical, psychological, and treatment information about PCP should be included during any inservice training for treatment personnel.

The Addictions Advisory Council of Prince George's County should establish a Special Task Force to disseminate the latest PCP information to all concerned.

THE ENQUIRER-GAZETTE 1-21-82

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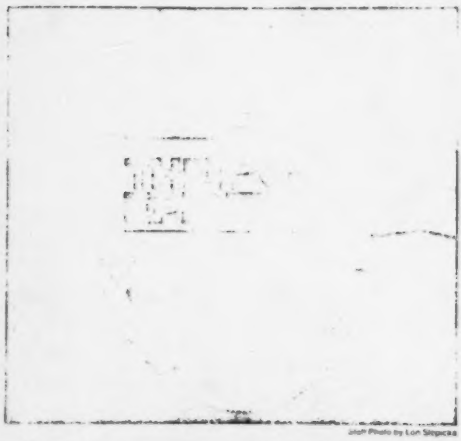

Staff Photo by Lon Stepcea

Cheap Thrills Net Recurring Violence

By Stephen Dezse
Journal Staff Writer

A $10 gram of PCP, when sprinkled on a joint, will produce at least one or two high level doses, authorities say.

On the street it's called "green" or "KW" or "earth." Its real name is PCP, phencyclidine, an illegal drug that produces bizarre, often violent behavior. In Prince George's County, officials say its use has become epidemic.

Partly because it is cheap and plentiful, PCP is the drug of choice, selling for a relatively inexpensive $300 per ounce, according to Lt. Antoony A. Leo, head of the Prince George's County Police vice squad.

That compares with $1,500 to $2,000 an ounce for cocaine, the drug popular with professionals, entertainers and others who can afford it. Heroin, said Leo, costs $1,200 to $1,800 an ounce "depending on the strength

But most PCP purchases are made by the gram, a so-called "dime bag" for $10. A gram of PCP, when sprinkled on a marijuana cigarette, or "joint," will provide at least one or two doses, even at high levels, investigators say.

The relatively cheap, but dangerous thrill offered by PCP has meant tremendous popularity, as reflected in the records of Second Genesis, a drug rehabilitation clinic in Upper Marlboro. According to regional director James B. Hendricks, for 19 of its current 85 patients at Second Genesis, PCP is the favorite drug.

Thomas M. Browne, Jr. chairman of the county's Addiction Advisory Council, echoes that finding. "The problem is getting worse and worse

drug of choice and they like it."

Both drug specialists have seen a shift in the race and the age of frequent PCP users.

The drug's popularity is spreading to younger people, so it is not uncommon now for 13 year olds and 16 year olds to take it. And whereas middle class whites were the primary users in the past, PCP "has now infiltrated

See PCP, Page A7

P.G. Sheriff, Tues. 1-19-1982

From Page A1

blacks in (such areas) Oxon Hill and Hillcrest Heights," said Browne.

"High school students in the county tell me that when they're out [using PCP, 'We go to parties, buck in and then hang out,'" said Hendricks.

Not only is PCP particularly popular in the county, say drug counselors, but dosages are disturbingly high among individual users.

"Most studies report that their chronic users have abused PCP on the average of three days per week for six months," said Browne and Hendricks in a special report submitted last week to the County Council. But, the report continues, "a majority of [clinic's] population abused PCP daily for five to six years."

On top of that, the report went on, chronic users after several months increased their dosage from the typical street amount of five milligrams to 200 milligrams "with little effects associated with this type of consumption is mind boggling," the report concluded.

Those aftereffects cause PCP users to take twice as many other drugs compared with those who abuse other drugs, Hendricks and Browne said.

"It's a vicious cycle," said Browne. "They take amphetamines to counteract depression and barbiturates to counteract anxiety."

In Harlem and Detroit, some users are now taking heroin to calm the effects of PCP, said Hendricks, since in past years in the Washington area heroin addicts have used PCP, which can serve as a pain-killer, to get off heroin.

PCP itself "is not an upper or a downer,

PCP: Use Shifts

but rather an inside-outer in a unique pharmacological class of its own called . . . phencyclidines," said Dr. Steven Lerner, a drug specialist.

PCP changes the user's behavior in unpredictable ways. Short and long-term effects, say drug counselors, include nervousness and severe anxiety, shaking and lisping, loss of memory and attention span, violent behavior, depression, paranoia and schizophrenia.

But patients in drug clinics and hospital emergency rooms who suffer from PCP are often misdiagnosed, said Browne and Hendricks. One reason is that the drug is sprayed onto parsley flakes, rolled onto cigarette paper and smoked like a joint, or marijuana cigarette — with the result that PCP is often confused with marijuana.

Another cause for confusion is that PCP is sold under [illegible] names on the street. The result, [illegible] is that PCP use in the D.C. area is significantly underestimated.

Arrests for possession of PCP are not listed separately in the County Police computer, but are classified along with possession of LSD or Quaaludes under the general heading of hallucinogens, according to police spokesman Robert W. Law.

Since PCP is stored in the fatty tissues of the body and brain, emotional flashbacks can occur as long as five years after the drug is taken. Emotional stress, such as the death of a family member, often sets off the flashback.

The [illegible] present upsurge in PCP use, then, spells [illegible] future problems. "Today if we could wipe all the PCP off the street," said Browne, "we'd still have an epidemic for several months to several years."

Tuesday: The enormous profits

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PCP drug use here termed epidemic

By BARBARA VIRVAN
Staff Writer

Use of the drug PCP has reached epidemic proportions in Prince George's County, according to two researchers who caution that the after-effects of the drug among chronic users are long lasting and devastating.

Primarily responsible for the drug's increased popularity is its relatively inexpensive cost, said Thomas Browne, chairman of the county's Addictions Advisory Council. "Because of the economy, people seem to be turning to PCP. It's big thrills for less money," he said.

PCP or phencyclidine is known alternately as angel dust, green, KW, earth, and sheets—an illegal drug which induces bizarre, and often violent, behavior.

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"Although people seem to think that PCP is dangerous and can't understand how people can use it, it is on the increase, it's causing problems and the after-effects are long lasting," explained Jimmy Hendricks, regional director of the Second Genesis drug rehabilitation program in Upper Marlboro.

Hendricks noted that 20 percent of the clients at Second Genesis have abused PCP.

Along with information from such counseling programs, Browne and Hendricks based their findings on the recent increase in the number of PCP lab busts in the county.

"The recent increase in the number of lab busts in the county indicates that the manufacturing of PCP is again on the upswing," Browne said, noting that in 1979 the Washington, D.C., area was considered the third largest manufacturing area for PCP in the country.

Saying that lab busts have been reported in Laurel, Temple Hills and District Heights, Browne added that "from this increased manufacturing of PCP, one can assume that there is now more PCP on our streets."

The report maintains that any estimates of PCP use based on surveys, admissions to treatment centers and hospitals, and police arrests are low because PCP is frequently misrepresented by sellers for other drugs. For example, Browne said that it is not uncommon for dealers to sell PCP as LSD because they can demand a higher price than if the substance were sold as PCP.

Additionally, Browne said that street preparations of PCP have changed continually in physical

—

form, purity, and name.

"PCP has been identified at being present in samples sold under 46 different names. Since most intake personnel in treatment and mental health professions are unfamiliar with these terms, they frequently report abuse of such substances under marijuana or LSD depending upon the effects which the client describes," Browne and Hendricks stated in their report.

But their concern over PCP in the county extends beyond its current upswing in use.

Calling it one of the most dangerous drugs in circulation, Hendricks and Browne note that the drug's after-effects will be dealt with for years to come.

"If we close all the illicit laboratories for making PCP and take all PCP off the streets, we will have only partially solved our problem. A PCP epidemic does not cease when the number of persons currently abusing PCP declines. We will be dealing with the devastating after-effects of this deadly substance for several years to come," they wrote.

Indeed, Hendricks said PCP is a drug in a class by itself because it is fat-soluble and therefore remains in the user's system longer than any other known drug—resulting in prolonged after-effects.

Such after-effects, which include memory loss, thinking disorders, and personality changes, can haunt chronic users for weeks, months, or even years after discontinuing use of the drug.

While chronic use has been defined as using the drug three or more times a week for at least six months, Browne said that most of the Second Genesis clients abused PCP daily for five to six years.

"It is accepted fact that a typical dose is estimated at five milligrams. We are already familiar with the immediate effects of PCP caused by such a dosage.

"However, it is also a proven fact that over several months of chronic PCP use, the user's intake increases to 200 milligrams or more per day. The after-effects associated with this type of consumption are mind boggling," they reported.

With clients as young as 14 years old, Hendricks stressed that it is extremely important for a PCP abuser to find treatment to help metabolize the drug out of his system.

"The early days of treatment for PCP clients are extremely difficult due to paranoia, amnesia, and inconsistent behavior. It is important that these programs offer different treatment techniques for PCP clients.

"In the treatment plan, there should be more support groups, supportive educational services, recreation, and less emphasis on confrontation," the report states.

Family members should also be aware of the dangers of PCP use and be able to recognize signs of PCP abuse, Browne and Hendricks said.

"Parents and other community representatives should realize that unusual acting-out or inconsistent behavior may be drug induced. They should be especially aware that because a child has not used PCP for some time does not mean that current behavior is not PCP related.

Included among a series of recommendations to fight PCP use, Browne and Hendricks maintained that there is a need for establishing a county program to deal exclusively with PCP abusers and that families, community agencies, and schools must be educated on the problem in order to undertake a successful prevention effort.

THE Bowie Blade-News
1-21, 1982

Big Profits Lure Makers of Drug

By Stephen Deane
Journal Staff Writer

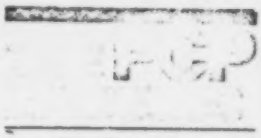
The illegal drug PCP is easily produced and tremendously profitable. There's always the danger of arrest, but that's a risk many unscrupulous entrepreneurs in the area apparently are willing to take.

In 1976, the federal Drug Enforcement Administration labeled the Washington metropolitan area the PCP capital of the country. Today, said DEA spokesman David Hoover, the Washington area still ranks among the top three cities in production of the mood-altering drug, along with Detroit and Los Angeles.

Within the Washington area, Prince George's County heads the list of places where PCP is made and consumed.

"Prince George's seems to have more green (PCP) than other jurisdictions" such as Montgomery County and locations in northern Virginia, according to Lt. Anthony A. Leo, head of the County Police vice squad.

PCP is big business, involving



Second in a series

"tremendous, tremendous profit margins," Leo said in a recent interview. A chemist, for instance, can convert $500 worth of raw materials into 30 pounds of the finished PCP product, with a street value of $150,000.

PCP, moreover, is easy to make. All it takes, say Leo and other law enforcement officials, is a high school knowledge of chemistry and "a few bottles and a few buckets." The simple formula has been published in several alternative newspapers, Hoover said.

The chemicals needed to produce PCP, such as ether, are fairly cheap. And they are plentiful in the Washington area, since a large number of legitimate chemical companies are located here. In fact, said Hoov-

See PCP, Page A9

P.G. Journal, Wed. 1-20-82

PCP: Simple Formula

From Page A1

er, ample supplies may account for the prevalence of PCP in the area.

Piperidine, the immediate precursor of the drug, is the most expensive ingredient, selling on the black market for $1,500 a pint. The same ingredient is sold by legitimate pharmaceutical companies for only $60 a pint.

But PCP manufacturers prefer to pay the black market price because a recent law restricts legitimate sales of piperidine and requires companies to supply the DEA with lists of customers.

The lucrative business of making PCP has its dangers — dangers which can prove fatal. Drug ripoffs and fights among dealers over turf make violence an ever-present risk. And the manufacture of the drug — although within the reach of a high school chemist — can lead to explosion and death.

That is what happened last July 2, when two brothers died in an explosion at their mother's Cheverly home. The mother was out of town when her two sons — Ronnie D. Sprouse, 24, of Riva and Ray W. Sprouse Jr., 35, of Kentland — were "cooking," or preparing PCP. As they added ether to the mixture, the volatile chemical ignited, causing an explosion that killed the brothers instantly and did $90,000 damage to the dwelling.

PCP producers also face the danger of getting caught. Last year County Police raided seven PCP labs throughout the county, arresting 42 persons and seizing amounts of PCP with an estimated street value of $591,000. All 42 suspects are still awaiting trial.

The Phantom motorcycle gang, most of whose members live in the county, were a major target of the County Police vice squad. A four-month investigation involving the use of a wiretap culminated last Aug. 27 at 7 p.m. when police raided 10 addresses, including the Phantom clubhouse at 1113 Clovis Ave. in Bradbury Heights. Raw ingredients used to make PCP, along with the finished product, other illegal drugs and a large number of rifles, shotguns and handguns were seized in the raids. Twenty persons were taken into custody, and later arrests that year brought the total of arrested Phantoms to 30.

Last year's biggest lab raid took place Nov. 10 at a residence at 5707 Tuckerman St. in Riverdale. Police seized large amounts of PCP, from its initial stages of production to the finished product, worth a street value of $175,000. Quantities of cocaine and more than $1,900 in cash were also confiscated. Five persons were arrested.

Police and drug counselors say it is impossible to estimate the total number of PCP producers or users.

Thursday: The Users.

P.G. Journal, WED. 1-20-1982

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PRINCE GEORGE'S

County Council

Information: Don Hirsel *Phone: 952-3718*

FOR IMMEDIATE RELEASE: January 18, 1982

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Browne notes that there has been a recent increase in the number of arrests of persons charged with manufacturing the drug in the county.

PCP laboratories have been found in Laurel, Temple Hills and District Heights, he says.

"From this increased manufacturing of PCP, one can assume that there is now more PCP on the streets," according to Browne.

Information from a local outpatient counseling program in the county shows that almost 20 percent of the clients are now primary PCP users, he emphasizes. Statistics from a large, residential program in the County indicates 29 percent of the clients are also primary PCP users.

Browne says this increased use of PCP comes after several years of what appeared to be a tapering off of use of the drug in the County.

He notes that in 1976 the Federal Drug Enforcement Administration called the Washington area "the PCP capitol of the country." By 1979, it had dropped to third place.

Browne believes there may be an unswing in the use of PCP during the current recession because "it is one of the cheapest drugs to manufacture and buy. It also is relatively easy to make," he says.

The reoccurrence of PCP is frightening to Browne and Hendricks. That is because both men in their work have learned of the long-range effects of the drug on users.

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"Evidence indicates that this substance is chemically, pharmacologically and behaviorally distinct from other classes of psychoactive compounds and is infinitely worse than LSO," Browne says.

With chronic use of PCP -- three or more times a week for a minimum of six months -- it has been reported that it may require several weeks to several years until the person again feels 'normal' after discontinuing use of the drug," Browne says.

During this period the person may exhibit speech problems, memory loss, thinking disorders, personality changes, anxiety, severe depression, suicidal and homicidal tendencies and periods of amnesia, according to Hendricks.

He says PCP primarily affects the "higher" or "integration" centers in the brain and has been demonstrated to increase sensitivity to sensations such as light and sound. It also affects the centers that control emotional expression, aggression, vision, hearing and motor movement.

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"It is a proven fact that over several months of chronic PCP use, the user's intake increases to 200 mg or more per day. The after effects associated with this type of consumption is mind-boggling," according to Hendricks and Browne.

Hendricks says "perhaps one of the most remarkable differences between those who have used PCP and those who have never used it is the greater involvement of PCP users in polydrug abuse."

This is because PCP users may be ingesting other drugs in an effort to reduce the psychic and emotional distress which they are experiencing. In some studies it was found PCP users were taking heroin as a method of reducing the withdrawal symptoms of PCP abuse.

The long term affects of PCP are frightening, says Hendricks.

(more)

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Another fearful aspect of PCP is its ability to produce a schizophreniform psychosis following use which can resist from four to six weeks or longer.

"This psychosis is characterized by the appearance of the cardinal signs of schizophrenia and unpredictable aggressive or withdrawal behavior.

"PCP has no equal in its ability to produce brief psychosis nearly indistinguishable from schizophrenia according to noted PCP authorities, Browne says.

To date the treatment of PCP clients in drug programs "has received limited attention," Hendricks notes.

Browne and Hendricks have found that "PCP users display depression, agitation, hostility and belligerence and are unable to cope with the demands and expectations of structered, intensive therapy regimen."

This results in PCP patients not being able to take part in standard rehabilitation programs.

But Hendricks and Browne have found that such patients "can participate in therapy if special training is conducted for staff and other clients to make them aware of the special needs of PCP clients. Recreation and a special diet to metabolize PCP out of the client's system were found to be a beneficial therapeutic tool." It is emphasized that a program of support and reinforcement most be provided within the treatment setting.

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They found that during treatment clients often become impatient for results and upset when they did not respond even though off the drug.

(more)

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The two list eight steps that can be taken to aid PCP patients:

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4. All mental health, drug abuse treatment, criminal justice, psychiatric, medical and educational agencies should be provided training in the latest PCP techniques concerning treatment, detection, detoxification, etc.
5. All branches of the media should be provided with up-to-date information on PCP and related services. An informed public is our best weapon towards warding off an epidemic.
6. If a prevention effort is to work before the onset of a problem with PCP, families, community agencies, and schools must be educated on the problems of PCP abuse.
7. Basic medical, phychological, and treatment information about PCP should be included during any inservice training for treatment personnel.
8. The Addictions Advisory Council of Prince George's County should establish a Special Task Force to disseminate the latest PCP information to all concerned.

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United States Senate
COMMITTEE ON LABOR AND
HUMAN RESOURCES
WASHINGTON, D.C. 20510

January 29, 1982

The Honorable Paula Hawkins
Chairman
Subcommittee on Investigations
and General Oversight
Room 4230, Dirksen Senate Office Bldg.
Washington, D.C. 20510

Dear Madame Chairman:

Thank you for including my statement in the record of the Subcommittee's hearing on "Drug Abuse In The American School System" conducted on January 27, 1982.

In addition to my statement, I would very much appreciate the inclusion of three additional documents in the hearing record. They are: (1) a report by the National Institute on Drug Abuse on the December 1981 Community Correspondents Group Conference held in Atlanta, Ga.; (2) a recent report prepared by the Detroit, Michigan, Bureau of Substance Abuse; and (3) a report to Subcommittee Minority staff from the Division of Substance Abuse Services of the New York State Office of Alcoholism and Substance Abuse.

Thank you for your assistance in this matter.

With best regards,

Sincerely,

Edward M. Kennedy

Enclosures: three

A Report From The National Institute On Drug Abuse

This summary highlights the major points reported during the December 1981 Community Correspondents Group Conference held in Atlanta, Georgia.

- Heroin continues to be the major drug abuse problem reported by New York City and Washington, D.C.
- T's and Blues abuse continues in Chicago, St. Louis, Buffalo, New Jersey, and Philadelphia. Indicators in Detroit, Minneapolis, and Dallas point to T's and Blues abuse emerging in their cities.
- Miami and Seattle report increasing problems with cocaine.
- Lookalike drugs are causing problems in Chicago, St. Louis, Minneapolis, Phoenix, and Seattle, particularly among youth.
- Rumors of LSD transfers created public concern in Chicago, Seattle, Phoenix, Denver, and Miami when parents circulated letters warning that cartoon tattoos on the street contained LSD. These rumors turned out to be without substance, however.
- Amphetamine abuse appears to be rising in Phoenix, San Diego, San Francisco, and Philadelphia.
- Data collection problems are increasing due to the change from direct Federal support to programs to block grants.

1. HEROIN ABUSE CONTINUES TO BE A MAJOR PROBLEM IN NEW YORK CITY AND WASHINGTON, D.C.

Five indicators (heroin related overdose deaths, heroin emergency room mentions, treatment admissions for primary heroin abuse, heroin price and purity data, and treatment population profiles) reflected the level of heroin abuse in several of the CCG cities, with New York City and Washington, D.C. reporting dramatic changes in each category.

(1) Heroin Overdose Deaths Increased In Six Cities

New York City experienced a 13 percent increase in overdose deaths due to intravenous narcotism between 1980 and 1981, while heroin overdose deaths climbed from 62 in all of 1980 to 94 as of September 1981 in Washington, D.C. Buffalo reported three heroin overdose deaths. Boston reported four heroin related deaths in 1980 and two during the first six months of 1981. Los Angeles saw a 14 percent increase in this category during the last two six month periods. San Diego reported a slight continuing increase during 1980 and the first half of 1981 (173 and 80 respectively) after a decline in 1979 to 143 deaths. St. Louis, New Orleans, Miami, and Seattle reported only one heroin related death in 1981 in each city, while the Dallas rate remained stable at two or three. Philadelphia saw a decrease in heroin related deaths accompanied by an increase in opiate related mortality.

(2) Heroin Emergency Room Mentions Fluctuated From City To City

Washington, D.C. led the DAWN system in emergency room mentions for heroin with 660 cases reported (18 percent of all emergency room cases in the city), representing an 83 percent increase over 1980 figures. New York City reported a 90 percent increase in heroin mentions between 1979 and 1980, with an 18 percent increase between 1980 and 1981. San Diego heroin mentions decreased through the first half of 1980, but have slightly increased during the second half of that year and continue to increase into the first six months of 1981. Los Angeles reported a 67 percent increase during the last two half year periods with an average patient age of 28 years. Boston heroin emergency room mentions increased sharply from 200 in 1979 to a projected 500 for 1981, with a 64 percent increase at Boston City Hospital (the public facility) over 1980 figures. Buffalo reported a rise in emergency room heroin mentions during 1980 and the first quarter of 1981, but mentions have decreased during the second quarter of 1981. Conversely, Philadelphia, San Francisco, and Phoenix reported declines during early 1981.

(3) Treatment Admissions For Primary Heroin Abuse Are Impacted By Budget Cuts

New York City reported that 97 percent of the city's treatment slots are utilized and suburban treatment facilities are at 100 percent capacity. The 28,000 methadone maintenance slots are filled and currently there are 1,000 people on the waiting list. The prison detoxification population for primary heroin has decreased to 32 percent in 1981 from 34 percent in 1980.

Washington, D.C. instituted a waiting list for the first time in August of 1981. During the summer the police department conducted major raids in the copping areas in an effort to disrupt the heroin trade. This may have contributed to the increased percentage of self referrals to treatment, which now total 79 percent of the treatment admissions.

Boston treatment programs opened their doors for admissions after a 20 month moratorium on new admissions. As of November 17, 20 new clients had entered treatment for primary heroin abuse, and there are 85 people on the waiting list. Boston expects to see a decline in available treatment facilities due to Massachusetts "Proposition 2 1/2" legislation and Federal funding rollbacks. As of July, treatment funds had decreased by 25 percent, and another 20 percent to 25 percent decrease is anticipated.

The 1981 first quarter treatment population decrease in New Jersey was confounded by the system's being filled to capacity, people staying longer in treatment, and the closing of the private State facility in Trenton. The primary heroin treatment population has decreased from 90 percent in 1980 to 85 percent in 1981. Of these clients, 54 percent reported no secondary drug abuse, 39 percent reported cocaine secondary, and 3.2 percent reported methadone or other opiates as secondary.

Other cities reported declines in treatment admissions for primary heroin.

(4) Heroin Price And Purity Levels Vary

Washington, D.C. reported an increase in heroin purity (from 3.9 percent in 1980 to 4.2 percent in 1981) with a corresponding decrease in price per milligram (from $3.00 in 1971 to between $1.47 and $1.87 in 1981). New York City purity levels varied from 3 percent pure in Harlem to as high as 14 percent pure on the Lower East Side. The St. Louis Mexican brown purity level rose from 0.5 percent to 1.5 percent during the past year. Other cities reported heroin purity levels between 2 percent and 4 percent with prices ranging from $1.83 to $5.29 per pure milligram.

(5) Treatment Population Profiles Reflect Subtle Changes

In Washington, D.C., New Orleans, Boston, and New York City black males predominated in the heroin treatment population. Their average age was in the late 20s or early 30s. Washington, D.C. and New York City are admitting more females to treatment. Other cities saw more white males in treatment for heroin abuse aging from mid 20s to mid 30s. Philadelphia is admitting heroin clients who are younger and have shorter use histories than in previous years. San Francisco clients are increasingly middle income level and choose snorting as an ingestion route compared to New Jersey clients, 98 percent of whom inject heroin up to three times daily.

2. T'S AND BLUES PROBLEMS CONTINUED IN THE CENTRAL UNITED STATES

New Orleans, Chicago, and St. Louis continued to report that T's and Blues present major problems in their cities. During this reporting period, Minneapolis, Detroit, and Dallas mentioned the emergence of the drug combination for the first time. T's and Blues were also reported as abuse problems in Buffalo, New Jersey, and Philadelphia.

(1) Composition Of The Combination Varies From Region To Region

T's and Blues are comprised of pentazocine (Talwin) and pyribenzamine (tripelennamine) in Chicago, St. Louis, New Orleans, and Dallas. The "Blues" (pyribenzamine) in St. Louis are 50 milligram tablets, although purple tablets containing 100 milligrams are also available. St. Louis also reports that 3cc syringes containing the pre-mixed combination are being sold on the streets for $3 to $12.

In Minneapolis, the Talwin is being mixed with seconal, stelazine, Preludin or amytal. Buffalo, New Jersey, and Philadelphia users prefer to mix their Talwin with benadryl. Some Philadelphia users prefer Talwin combined with benadryl and methylphenidate (Ritalin), or use a combination of Ritalin and pentazocine, called "Rits and T's."

(2) Two Cities Reported T's And Blues Related Deaths

Deaths in St. Louis in which the presence of T's and Blues was detected have been increasing steadily since 1977 from four to six in 1976 to 18 in 1979 to 22 in 1980. During the first six months of 1981, 14 deaths have occurred, six of which involved injections of T's and Blues. The remainder were homicides. Of the 64 deaths reported during the five year period, Talwin alone was reported as being responsible for five deaths, (however, it has been suggested that this may be because pyribenzamine is very difficult to detect), tripelennamine alone was responsible for one death, and the two drugs in combination were found in the rest of the cases. Eight of the toxicology reports also contained Valium and 29 reported ethanol present. Only one of the 64 deaths was reported in St. Louis County. All of the others were from the inner city.

Detroit reported three T's and Blues deaths in 1981, and 17 overdoses, and nine homicides with T's and Blues present during 1980. Two of the 1980 deaths were due to Talwin alone.

(3) T's And Blues Appear To Be Licitly Manufactured And Stolen From Pharmacies

Louisiana has recently rescheduled Talwin from Schedule IV to Schedule II over manufacturer objections. "Sets" (one of each tablet) are sold in New Orleans for between $10 and $20.

The DEA reported that St. Louis may be a major distribution center for T's and Blues in the midwest. In 1980, 400,460 Talwin and 453,000 pyribenzamine tablets were missing from pharmacies. Detroit pharmacy audits revealed that 100,545 Talwin tablets were unaccounted for.

(4) St. Louis And Chicago Treatment Populations Are Predominantly Black

An Illinois treatment policy change now allow T's and Blues abusers to enter methadone treatment. The population is evenly divided among males and females, 87 percent black, younger and less well educated than heroin abusers, and primarily Medicaid reimbursed.

The St. Louis treatment population is comprised of inner city blacks with an average age of 28 years.

3. COCAINE IS EMERGING AS A MAJOR DRUG ABUSE PROBLEM

Miami and Seattle reported that cocaine is the major drug problem in their cities. Several other cities reported increases in cocaine related deaths, emergency room mentions, treatment admissions, and price and purity data.

(1) Five Cities Reported Increased Cocaine Related Deaths

Cocaine related overdose deaths rose from one in 1980 to three during the first six months of 1981 in Minneapolis. Seattle noted an increase from two deaths due to cocaine in 1980 to five during the first ten months of 1981. Four of the five were from injections and two also contained methadone in the toxicology reports. In Miami, cocaine was present in 78 percent of homicide victims, and the cocaine related death rate for 1981 is four times higher than the previous five year average. Eight cocaine overdose deaths were reported in Aspen, Colorado in 1980. New York City medical examiner reports for cocaine in 1980 climbed by 197 percent over 1979 figures (from 34 to 101 deaths). This statistic is supported by a 55 percent increase in cocaine arrests in New York City.

(2) Emergency Room Mentions Are Increasing

Detroit reported a significant rise in emergency room mentions and San Diego's mentions continued a four year steady upward trend. Although the numbers are small, Buffalo emergency room mentions have doubled between 1980 and 1981. Phoenix emergency room mentions climbed from 13 during the second half of 1980 to 33 during the first half of 1981. Seattle's cocaine mentions averaged 20 per quarter, nearly double the heroin reports. Washington, D.C. cocaine mentions increased by 24 percent between 1980 and 1981. Boston reported increases from 41 mentions in the first half of 1980 to 81 in the second half of that year to 84 during the first half of 1981.

(3) Cocaine Is Increasingly Listed As The Reason For Entering Treatment

Minneapolis and Dallas reported steady increases in proportions of clients entering treatment. During the last six months, one of five clients entering treatment in Colorado listed cocaine as their primary drug of abuse, and

cocaine is responsible for 10 percent of the total treatment population. Similarly, cocaine was responsible for nearly 20 percent of all treatment admissions in San Diego, where the proportion of cocaine clients in treatment doubled between 1979 and 1980. Los Angeles reported that 45 percent of treatment admissions for "other drugs" were for cocaine. In San Francisco, the proportion of cocaine abusers in the treatment population has doubled from 5.5 percent in 1980 to 12 percent in 1981. Seattle cocaine treatment admissions rose to 91 during the first 10 months of 1981 from 90 for all of 1980. Half of the clients entering treatment in Washington, D.C. report cocaine use.

(4) Cocaine Price And Purity Levels Vary

Retail cocaine prices range from $100 to $150 per gram across the country, but purity levels vary from 12 percent to 40 percent. Confiscations have been made of 75 percent to 88.6 percent pure cocaine in Buffalo and Minneapolis respectively. The most common diluents are lidocaine, procaine, and amphetamines.

4. OTHER DRUGS OF ABUSE WERE REPORTED

Although heroin, T's and Blues, and cocaine dominated the reports, several other drugs were highlighted.

(1) Look Alike Drugs Are Attracting More Attention

These drugs, which contain mostly caffeine, ephedrine, and phenylpropanolamine, are widely available throughout the country either over the counter or via mail order. They become dangerous when they are sold as "speed" on the streets. The Illinois legislature is conducting hearings on look alikes. Use in St. Louis is ubiquitous. In Minneapolis look alike seizures by law enforcement in 1981 outnumbered amphetamines by a margin of two to one. In Phoenix, three shops openly sell only look alike drugs. In Seattle, police are finding look alikes are being sold as amphetamines.

(2) Four Cities Reported Indications Of Increased Amphetamine Use

Emergency room mentions and treatment admissions rose in Phoenix; San Diego reported a 50 percent increase in treatment admissions; San Francisco reported an increase from 5 percent of the total treatment population in 1980 to 7.5 percent of the same category in 1981; and Philadelphia reported that 25 percent of all treatment admissions were for amphetamines with a large increase in the 17 to 21 age group.

(3) Dilaudid Continues To Be A Popular Heroin Substitute

Dilaudid is the narcotic of choice in St. Louis County. Tablets sell for $40 to $50 each. New Orleans reports that Dilaudid is often mixed with heroin and the price is $40 to $45 per tablet. Atlanta ranks fourth in DAWN mentions for Dilaudid. Newark addicts pay $10 for a 4 milligram tablet, and treatment agencies and street people report the appearance of 8 milligram tablets manufactured overseas. Dilaudid's use as a heroin substitute in

Washington, D.C. is declining, but 1981 emergency room mentions increased by 7 percent over 1980. Detroit also saw increasing Dilaudid emergency room mentions.

(4) Methaqualone Mentions Continue In CCG Cities

St. Louis reported that illicit methaqualone is one of the most readily available and popular drugs in the metropolitan area. Methaqualone is the fourth most often confiscated drug by law enforcement agencies in New Orleans. Miami reported 13 automobile accident deaths due to the drug. Atlanta ranks second nationally in DAWN methaqualone emergency room mentions, and 1981 Washington, D.C. emergency room mentions for "ludes" increased by 30 percent over 1980 levels.

(5) PCP Abuse Appears To Be Diminishing

Most cities reported indicators for PCP are decreasing or leveling off. Washington, D.C., however had a 15 percent increase in emergency room mentions during 1981.

(6) Several Cities Reported A "LSD Transfer" Scare

Chicago, Seattle, Phoenix, Denver, and Miami all reported that in October parent groups were circulating letters describing cartoon transfer tattoos which allegedly contained LSD. Investigation by several of the city programs did not discover LSD in any of the samples. Apparently, the parents were confusing the transfer tattoos with cartoon acid which was popular in the 1960's.

(7) Several Unusual Occurrences Merit Attention

During the discussion, isolated incidents with prescription drugs or unusual use patterns were mentioned by several CCG members.

- New Orleans reported that since Talwin was rescheduled, physicians are increasingly receiving late night and weekend requests for prescription refills of Preludin.
- Denver and New Orleans reported increased use of Tussionex (hydrocodone and phenyl-toloxamine resin).
- Cartoon acid is available in Phoenix, although it is not as potent as the 1960's version.
- A report from TERROS crisis intervention in Phoenix involved YOHIMBINE, a derivative of the bark of an African tree said to cure impotence.
- In San Francisco, some amyl and butyl nitrite users are dipping the filter ends of cigarettes into the bottles, and then smoking through the soaked filters.

- In Billingham, Washington, police discovered a room full of plastic bags packed with hallucinogenic mushrooms ready for sale.

- Buffalo and Philadelphia emergency rooms both reported use of Stadol, a non narcotic analgesic with addiction properties similar to Talwin.

- Dilantin emergency room mentions in Detroit showed a significant increase.

(8) Two Cities Reported On School And Street Use Surveys

In New Orleans, 155 students were referred to VASAU (Volunteers Against Smoking and Alcohol Use) during the first half of the 1981 school year. Of these referrals, 44 were for marijuana, 37 for alcohol, 32 for cigarette smoking, and 2 for disruptive behavior.

New York City conducted street surveys on Wall Street, in the Garment District, and in 36 schools. The findings included:

- Heroin was being sold in eight of the 15 buildings selected in the Wall Street area.

- Heroin was being sold on six of the 18 blocks selected in the Garment District.

- Heroin and needles were available for sale in 11 of the 36 schools surveyed during the Fall term compared to nine of 36 schools surveyed in the Spring. This was the first report of needles being sold in the schools.

- Street word is that pink or beige cocaine is of higher quality than white.

- Cocaine "basing galleries" are being reported for the first time.

- Cocaine dealers are perceived on the street as being higher in status than heroin dealers because they keep regular hours and take special orders which are often delivered to clients' homes.

A household telephone survey revealed that:

- Households with incomes of $50,000 or over reported the highest recreational drug use.

- 16 percent of those surveyed reported that they had used drugs nonmedically at least once in the six months preceding the survey.

- 78 percent of the household drug users used marijuana in combination with alcohol.

- 68 percent of the household drug users used cocaine in combination with marijuana.

- 55 percent of the household drug users used cocaine in combination with alcohol.

PROGRAMMATIC IMPLICATIONS OF RECENT SUBSTANCE ABUSE BUDGET CUTS ON SERVICE TO CLIENTS IN DETROIT

(Prepared by the Bureau of Substance Abuse, Detroit, Mich.)

Between fiscal 1979-1980 and the end of fiscal 1980-1981 there were budget cuts from the State Office of Substance Abuse Services and from the City of Detroit to substance abuse programs in the Detroit area totalling three million dollars. (see Appendix A).

Of the three million dollar service reduction approximately 2½ million comes from the State and another half million from the City of Detroit.

Substance abuse programs in Detroit experienced an average minimum loss of 18.5% in their fiscal allocations. Since the bulk of the decreases occurred during the past six months, the rate of reductions, from the State and the City, when annualized, is approximately six million dollars per year.

As a direct result of these budget contractions, (14) fourteen treatment programs have been or are being closed. They are:

Alexandrine House
Alexandrine House - West
Robeson/Tubman-Douglass-Truth
League of Goodwill
End-Dependence
NSO Alcohol Highway Safety
Wayne County Jail
Lafayette Clinic (plus the elimination of a $350,000 research grant)
Allied Health Drug Abuse
Allied Health Operation Cope
Community Alcoholism - Area II
Community Alcoholism - Area IV
S.H.A.R. - Huron Valley
Project: Headline - Townsend House Residential (Alcohol)

The closing down of these programs thus far have:

- Wiped out 95 residential drug free treatment slots.
- Blocked 1,000 young people, per month, from prevention and educational efforts.
- Eliminated 675 outpatient methadone slots from being available to that portion of the substance abuser population that needs this type of treatment.
- Prevented 600 problem drivers, each month, from attending alcohol highway safety classes.
- Removed 90 daycare/drug-free treatment opportunities, and
- Erased 20 badly needed alcoholism residential beds and 10 detox units.

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Clients were not the only ones to suffer from the reductions in funding. Approximately 105 trained and experienced substance abuse staff persons lost their jobs.

The loss of funding came not only from the State and Federal agencies but, also, from allied departments as well, including but not limited to the Department of Social Services, Department of Mental Health and Manpower's C.E.T.A. employees project. Loss of trainees or staff and of these auxiliary funds have hurt and disrupted those programs still functioning.

Overall, these programmatic budget cuts resulted in approximately 2,600 fewer clients per month receiving substance abuse care and treatment than did a year ago.

As a reflection of the current situation, methadone programs are averaging 109% of matrix on May 1, 1981; residential programs 94%. At various times, methadone programs are accumulating a sizeable waiting list (although any program having over 100% matrix, technically, should have a waiting list).

The closing of Townsend House was a particularly bitter blow because their client population was, primarily, indigent alcoholics who need residential care and this kind of quality facility is very much needed in Detroit.

In summary, the cutback in funding is beginning to be reflected in service reductions and program closings. However, the full impact on services has yet not materialized because budget and service reductions have not been completed. The most recent budget reductions have not been implemented fully, and several programs scheduled to close are in process of phasing-out by September 30, 1981.

Finally, additional cuts in Federal, State, and/or City funding can be anticipated depending upon such factors as the 25% decrease planned when formula and categorical grant funds are converted into block grants, by an additional reduction in State budget appropriations, or by fiscal reductions from the City, if new general revenue sources are not found.

cl
6/10/81
BSA

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APPENDIX A

The following programs are under a direct contract for funds from the Office of Substance Abuse Services until October 1, 1981:

Program	Fiscal 1979-80	Fiscal 1980-81	Final Fiscal 1980-81
Acute Alcoholism	$ 37,195	$ 34,219	$ 34,219
Alexandrine House	278,448	117,018	0
Catholic Social Services	34,986	34,986	30,417
Catholic Youth Organization	38,266	47,885	41,631
Elmhurst Home	66,590	74,600	70,497
End Dependence	53,933	53,933	0
Highland Park	156,160	167,707	161,837
Hutzel Hospital	260,803	261,393	247,016
LaCasa	138,238	156,070	142,383
League Goodwill	112,274	112,274	0
Mariners' Inn	9,841	9,841	9,841
Metro East	632,463	558,240	509,073
Metropolitan Hospital (alcoholism)	64,349	64,349	55,945
Hardin Park	274,495	275,083	239,160
Neighborhood Service Organization	302,429	302,429	224,068
Project: Headline	444,838	432,996	493,181
Recorders Court	133,908	133,908	116,420
Rubicon/Odyssey	628,274	628,274	546,221
Sacred Heart Rehabilitation Center	643,613	552,613	480,441
Salvation Army	543,072	287,098	237,533
SHAR	512,154	512,154	436,135
Sobriety House	103,300	102,180	95,036
WOMAN Center	248,456	248,456	197,200
MAPP	142,836	200,000	184,000
NCA - Babes	0	21,000	19,320
Sacred Heart Women	96,589	188,094	188,094
SOC	19,975	19,975	18,622
Wayne County Administration	535,515	0	0
	$6,513,000	$5,596,775	$4,688,290

Totals:
1979-80 $6,513,000
1980-81 4,688,290

Decrease in OSAS funding through FY 1980-81 $1,824,710

The following programs administered by the Detroit Health Department have been reduced by OSAS during FY 1980-81:

Statewide Services Alcoholism Demonstration Project
Detroit City Coordinating Agency
Detroit Drug Abuse Treatment Program

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Robeson/Tubman Drug Program
Neighborhood Services Department Drug Program
Legislative Intent Funds for various programs

Total OSAS reductions - FY 1980-81: $681,075

	Totals:	
OSAS Direct Contracts	$1,824,710	
Detroit Administered Contracts	681,075	
Total OSAS fund reductions FY 1979-80 and FY 1980-81 in Detroit		$2,505,785
Finally, the City of Detroit has been forced to reduce appropriations to substance abuse by $410,000 during FY 1980-81		410,000
Total reduction of public substance abuse funds-FY 1980-81		$2,915,785

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STATE OF NEW YORK
DIVISION OF SUBSTANCE ABUSE SERVICES
Office of Alcoholism and Substance Abuse
EXECUTIVE PARK SOUTH
ALBANY, NEW YORK 12203

JULIO A. MARTINEZ
Director

January 25, 1982

Mr. Walter Sheridan
Minority Staff
Committee on Labor & Human Resources
Room 4222
Dirksen Senate Office Building
Washington, DC 20510

Dear Mr. Sheridan:

As requested by Mr. James Michie, I am writing to provide you with information on the impact of Federal drug treatment and prevention budget cuts in New York State in preparation for Senator Kennedy's remarks before the Committee on Wednesday, January 27.

While New York State's support for drug treatment and prevention services has always been extensive, the Federal commitment to combat the drug problem has been inadequate. In fact, Federal support for drug treatment has declined since FFY 1979, with the most devastating budget cuts occurring during the current fiscal year.

Under the Omnibus Reconciliation Act of 1981's formula for allocating Alcohol, Drug Abuse and Mental Health (ADM) Block Grant funds to the states, it is estimated that New York State will receive 8.504% of the total FFY 1982 ADM Appropriation. The Reagan Administration has proposed, and the current Continuing Resolution includes, a total ADM appropriation of only $432 million.

Although several issues must still be resolved at both the Federal and State levels, New York State's total ADM award will probably be about $36 million in FY 1982. Of this amount, approximately $19.1 million will be allocated for the State's drug treatment and prevention services, representing a decrease of $9.2 million, or over 32%, from Federal funds received in FY 1981.

New York State has requested and received ADM Block Grant funding as of October 1, 1981. By opting for early implementation of the block grant, New York will be able to utilize FY 1981 categorical funding which remains in-

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place through March, 1982, as well as new block grant funds, and gradually phase-in reductions in treatment services over a one to two year period. However, the net result of Federal budget cuts will be the loss of well over 3,000 community treatment slots statewide, as well as the serious curtailment of state drug prevention, training and other special emphasis activities currently conducted by the Division of Substance Abuse Services.

The impact of these budget cutbacks is felt even more severely in states such as New York which have been experiencing an increasing drug problem over the past several years. Recent studies by the Division indicate that:

- the number of heroin-related emergency room episodes reported for the first half of 1981 in the New York City area (1,811) is 19 percent higher than the comparable period in 1980 (1,523) and 138 percent higher than in 1979 (762);
- deaths attributed to narcotic drugs in New York City increased from 246 in 1973 to 534 in 1980 - an increase of 117 percent;
- since 1971, the use of marijuana, cocaine and the non-medical use of tranquilizers have at least doubled among New York State's secondary school students;
- more than two million New York State household residents have used at least one illicit drug and/or prescription drug nonmedically in the six months prior to a spring, 1981 survey.

Furthermore, the proffered justification for such cuts - that of returning responsibility for services programs to the states - is grossly misleading in the drug treatment area, since states have been assuming most of the burden for these services for many years.

For example, for services and programs in the drug abuse prevention area, espoused as an Administration priority, New York State will spend over $16 million from state revenues this year. In FFY 1981, the Federal government made available only about $16 million for the entire country, with New York receiving slightly more than $500,000 of this amount.

It is clear that the Federal government has not fully accepted its share of responsibility for dealing with the nation's drug problem, and the Reagan Administration proposes to further minimize the Federal role. Maximum appropriations for drug treatment and prevention, and for drug enforcement programs, are needed if we are to maintain even existing service levels.

I will be glad to provide you with any additional information you may require concerning the impact of cuts on drug treatment services in New York. Please feel free to contact me or Joan Waite of my staff at (518) 457-7629.

Sincerely,

John S Gustafson

John S. Gustafson
Assistant Director

JSG:kmm
cc: Julio Martinez
James Michie

ORRIN G. HATCH, UTAH, CHAIRMAN
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LAWRENCE C. HOROWITZ, M.D., MINORITY STAFF DIRECTOR

United States Senate
COMMITTEE ON LABOR AND
HUMAN RESOURCES
WASHINGTON, D.C. 20510

March 23, 1982

The Honorable Paula Hawkins
Chairman
Senate Subcommittee on Investigations
and General Oversight
Washington, D. C. 20510

Dear Madam Chairman:

I am writing to request your assistance regarding the record of the Subcommittee's recent hearing on "Drug Abuse In The American School System."

In recent weeks, hundreds of young residents and administrators of drug abuse treatment programs have written to me expressing their appreciation for the Subcommittee's recognition of the growing substance abuse problem and their concerns over cuts in Federal funding of their programs.

As many of these individuals have requested that their letters be made a part of the hearing record, I have chosen a representative sampling of these letters and would very much appreciate your including them in the published hearing record.

Thank you for your cooperation in this matter.

With best regards,

Sincerely,

Edward M. Kennedy
Ranking Minority Member

EMK:jme

Enclosures

92-243 O - 82 - 10

OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 AM 11:52

Honorable Edward M. Kennedy
U.S. Senate
109 Russel Senate Office Bldg.
Washington D.C., 20501

Dear Senator Kennedy,

I am writing this letter in concern of the budget cuts that are in progress of affecting Therapetic Communities all over America.

I am eighteen years old and a 3 month resident of an upstate facility in New York. Being raised in the lower east side of Manhattan I became comfortable in the vicias cycle of crime and drugs. No matter how many times I was arrested and the numerous occassions that people tried to help me were to no vse. Dve to fortunate circumstances the carts placed me in this program. At first I was a bit relvctant, bvt a little time and help from the people here helped me realize what I had done to my self and the people around me.

These budgets will cause damage to the people as well as the condition of our country if they are set. I am hoping yov will consider my words as well as my life in stopping these cuts.

Sincerely, Jose Martin Brobeck

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1982 FEB 16 AM 11:34

U.S. SENATE
109 RUSSEL SENATE OFFICE BLDG.
WASHINGTON D.C. 20510

DEAR SENATOR KENNEDY,

FIRST, LET ME SAY I WOULD LIKE THIS LETTER INCLUDED IN SEN. HAWKINS HEARING ON "DRUGS IN THE AMERICAN SCHOOL SYSTEM" HELD ON JANUARY 27. PLEASE PUT IT IN THE RECORD.

I AM WELL AWARE OF THE MASSIVE PROBLEM OF DRUG ABUSE WITHIN OUR SCHOOL SYSTEMS, I KNOW THIS BECAUSE I WAS ONCE PART OF THIS PROBLEM. I AM NOW IN TREATMENT AT GATEWAY HOUSE FOUND. AND WHILE WE HERE APPRECIATE YOUR LOOKING INTO THE DRUG PROBLEM WITH CONGRESS, WE WOULD ALSO LIKE TO INFORM YOU THAT THE ALTERNATIVES PRESENTED BY SENATOR HAWKINS ARE NO LONGER AVAILABLE TO THE GENERAL PUBLIC. HERE AT GATEWAY LAST YEAR WE HAD TO CLOSE ONE OF OUR STORE-FRONT OPERATIONS AND THE WAITING LIST IS NOW OVER 70 BE-TWEEN OUR PRISON, RTU, AND MAZE HOLDING PATTERN PROGRAMS.

OUR PROGRAM WORKS, AS OTHERS AND MYSELF CAN ATTEST TO, BUT WITH CONTINUING CUTBACKS, MANY WHO NEED THIS TYPE OF HELP CAN IN NO WAY RECIEVE IT.

FUNDINGS FOR OUR TYPE OF DRUG ABUSE PROGRAMS WERE CUT BY OVER 30% LAST YEAR AND WE ARE TOLD TO EXPECT MORE THIS YEAR. WE HERE AT GATEWAY AND MY FAMILY AND I PERSONNALY WANT TO ASK YOUR SUPPORT IN VOTING AGAINST ANY FURTHER CUTBACKS THAT MIGHT BE CALLED FOR IN THE UPCOMING YEAR, I WOULD ALSO ASK FOR YOUR VOTE FOR THE RESUMPTION OF FUNDS CUT LAST YEAR.

REMEMBER, PLEASE, THE LIVES OF YOUR CHILDREN AND GRANDCHILDREN MAY ONE DAY BE SAVED BECAUSE OF THE FUNDS THAT I HOPE YOU WILL SEE FIT TO VOTE INTO DRUG TREATMENT PROGRAMS!

SINCERELY,

Kenneth W Gladwick

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SENATE
JUDICIARY
WASHINGTON, D.C.

1982 MAR -4 PM 2

February 26, 1982

Miss Ruth O. Jones
804 Tanner St.
Rockford, IL 61103

The Honorable Edward M. Kennedy
U.S. Senate
109 Russell Senate Office Bldg.
Washington, DC 20510

My Dear Senator Kennedy

Please include this letter for the record on your hearing entitled "Drugs In The American School System", which was held on January 27th.

As a parent, concerned neighbor and dedicated counselor, I work closely with youth and adults who have alcohol and drug problems. I also work with run-a-ways and young prostitutes. I've learned about drug abuse treatment because "Drugs hit home". I have a 14 year old God Sister who started getting high with friends from school. She became addicted to speed and other harmful drugs. She was informed by the guy she brought her drugs from that in order to keep up her expensive habit, she would have to work at this house. She ran away from home with a pimp and a drug habit and went through hell for 1½ years. My sister knew she had a drug habit so she came to me and asked if I could help her get into a drug center. I enrolled her in Gateway House, 512 Cedar Crest Lane, Lake Villa, IL 60046. As a big sister, a concerned neighbor and counselor, I have through the agency I work for (Martin House), referred many clients to the Gateway House Drug Free Program.

My plea with you, Senator, is to please vote against the President's additional budget cutback in the Drug Abuse Treatment Program. Also may I inform you that I am a proud dedicated Black voter and I believe that if some of the things like drugs, alcohol abuse, or crime "Hit home", you would be more concerned about people.

My main interest and concern is to continue working with adults and youth with drug and alcohol problems. This way I would be able to help someone when they cry for help to get away from the pain of drugs.

Will the Drug treatment Centers be open? Will there be enough money to continue to run the Drug Treatment Programs? Will the dream of Dr. Martin Luther King and other Americans who have passed on, "Be just a Dream"?

Very truly yours

Ruth O. Jones

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Odyssey House of Utah
68 South 6th East Street, Salt Lake City, Utah 84102 (801) 322-1001

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February 11, 1982

The Honorable Edward M. Kennedy
United States Senate
109 Russell Senate Office Building
Washington, D.C., 20510.

Dear Senator Kennedy,

I was very pleased that Senator Hawkins held a hearing on drugs in the American school system on January 27th of this year. I share her grave concern about this very serious problem and also agree with her that legal remedies and treatment alternatives should be effected. This problem is more serious than ever and certainly can be seen in the schools in Salt Lake City. This problem has grave implications upon the future.

Unfortunately, while everyone seems to acknowledge this problem, Congress last year passed an enormous cut in legal and treatment options for our school population substance abusers. In Utah, substance abuse treatment slots are full and waiting lists exist. The prediction is for a reduction of services, despite the increase in the problem. I encourage your support to help us fight this problem and help those who have been affected.

Sincerely,

Glen R. Lambert

Glen R. Lambert, M.S.W., C.S.W., L.C.S.W.
State Director, Utah Odyssey House

GRL:dc

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SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 AM 11:3

Honorable EDward M. kenneDy
U.S. Senate
109 Russel Senate office BLDG
Washington D.C. 20501

Dear Honoralde EDwarD M. kenneDy

This letter is in concern of the drug Programs in the UnitED States. Drug progams are a big help in the UNITED States. Because I was a drug abuser. I use to steal from my parnets and people out in the street, And until I came into here I would'ht have stop what I was doing unless I came over here and made a turn around on my life. And now my parents feel good about me and what I am doing for my self. Since I been here I have come to terms that what I got high for was for no Reason. I would Just like to say that their's a lot of people out there that need this kind of help. And learn to accomplish something in life. So I am writeing this letter to keep drug programs open. So would you please take this letter into consideration. Thank you!

Respectfully,

Frank Wyatt

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OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 PM 12 25

Honorable Edward M. Kennedy
U.S. Senate
109 Russel Senate Office Building
Washington DC 20501

Honorable Edward M. Kennedy;

My name is William Lee Bryant. I am presently residing in Samaritan Village Half-way Society which is a drug free program in upper New York State. I'm writing this letter in the hopes of gaing your support in keeping drug programs thru-out America open, not only Samaritan, because drugs are in all communities, rich and poor alike. I'm thirty-eight years of age, and it could be said that I dont have many years left. This would be true if I and others cant recieve the help that is needed. Many others can't recieve the help that is in society. Society problems revolves around drugs, such as crimes, courts, prisons over crowded, welfare increase, etc. With the above mentioned problems. There is alot of money spend to maintain these agencies and subagencies, but still, there are people in the Senate that wish to close drug programs, when drug programs help many people get their lives together. I know you are very busy, so upon this closing, I respectfully request your help to keep drug programs open. Thank You

Yours, Sincerly,
William L. Bryant

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HONORABLE: EDWARD M. KENNEDY
U.S. SENATE
109 RUSSEL SENATE OFFICE BLDG
WASHington DC, 20501

DEAR Senater:

I am writing you in Concern of treatment services. I am very Concerned because I am 18 teen years old and my Life So Far Has been a disester. I was Forced to Come to Samaritian by the Courts. I think that this treatment they are giving me is going to be a big FacTor in my Future. This Place Has Saved my Life because all the drugs I was doing I was going down a one way Street going against the traffic. I need HELP and it Seems Like this Place is offering it to me, Due to the tax Cuts a lotof treatment Programs will Close down or Have severe Cut backs which might devestate the Programs, and Send me back to my old Enviorment that I Can not deal with. So I am asking For your HELP to try to HELP us with our Problem.

Yours, Truly, Chris Costantin

OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

Honorable Edward M. Kennedy Lab
U.S. Senate 1982 FEB 26
109 Russel Senate office Bldg..
Washington D.C. 20501

Dear Honorable Edward M. Kennedy,

I am writing this letter to inform you about the effects that federal and local budget cuts have on therapeutic communities across the country.

I am an 18 year old female, who has been in a Drug Rehabilitation Program for 10 months so far. Before I entered treatment I abused drugs, hurt other people as well as myself, and was totally lost as a person. At this time I have come to understand myself as well as other people. I've learned how to cope with my problems and every day situations without the use of drugs. I am a different person now, striving for a beautiful future. These programs need more funds to enable other drug abusers to become as fortunate as I have become, now feeling that I can be a responsible member of society. I urge you to stop these budget cuts so that we can have more responsible people in society.

Thank you for your consideration,

[redacted]

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OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 PM 3:24

HONORABLE EDWARD M. KENNEDY
U.S. SENATE
109 RUSSEL SENATE OFFICE BLDG
WASHINGTON D.C. 20501

DEAR: SENATOR KENNEDY,

I AM WRITING YOU THIS LETTER TO LET YOU KNOW THE WAY I FEEL ABOUT THE FEDERAL CUT BACKS. I AM PRESENTLY IN A TREATMENT CENTER NOW FOR ALMOST A YEAR, IN THIS TIME IVE MADE MANY ACCOMPLISHMENTS. IVE ACHIVED GETTING my HIGH SCHOOL DIPLOMA, I FOUND OUT THE REASONS WHY I USED DRUG AND WHAT I HAVE TO DO, AFTER I GET OUT OF THE PROGRAM TO STAY ON THE RIGHT TRACK.

THE REASON WHY THERE ARE SO MANY DRUG RELATED CRIMES IS BECAUSE THE WAITING LIST TO GET INTO A TREATMEN CENTER ARE SO LONG, AND PEOPLE THAT NEED HELP JUST CANT GET IT. SO THEY CONTINUE TO DO WHAT THEY KNOW BEST.

SINCERLY YOURS
Steven M Estes

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OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 PM 3:25

Honorable Edward M. Kennedy
U.S. Senate
109 Russel Senate Office Building
Washington, D.C. 20501

2/17/82

Dear Honorable Edward M. Kennedy,

It has come to my attention that there are certain budget cuts that are presently in effect. I am a resident in a therapitic community program in the state of New York. I came to this program not knowing anything about myself or other people. My only concern was drugs. I had no definite place to sleep, and I never knew when or where my next meal was coming from. This place provides these necessities in order for people like myself to survive. This place can really help people stay healthy, stay out of jail, and make them become a more successful person. It makes people learn to become more aware of themselves and their actions. If these budget cuts continue to get deeper into effect, I assure you that many more people will be back on the streets; and the crime rate in N.Y. will definitely increase. I myself need this drug program and the things it provides in order to grow up and live in society as a decent human being. Please help us.

Very truly yours,

Keri L. Acken

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SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

The Honarable; Edward Ted Kennedy
U.S. Senate
109 Russell Senate Office Bldg.
Washington, D.C. 20501

Dear Senator Kennedy: I am writing this letter to you to inform you that I am a resident at a drug rehabilitation center, this is concerning on your report on drug abuse.

As you already know drug abuse is rising at in incredible rate all over the United States. I am gonna inform you that I was a young drug abuser for 6 years and all it got me was trouble. I was living on the streets because for the plain fact that I was using drugs. And the drug I was using is one of the most dangerous of them all. But when I took it upon myself to come to this rehabilitation center I found out that I could help myself in many way for example it helps me get the education that I didn't get in the streets.

There for I am asking you to vote for restoration of the funds that were cut last year for this cause your consideration will be greatly appreciated.

Sincerly yours: Freddy Rodriguez

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OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON D.C.

1982 FEB 26 PM 12:47

2/18/82

Honorable Edward M. Kennedy
U.S. Senate
109 Russel Senate Office Bldg.
Washington, D.C. 20501

Dear Honorable Edward M. Kennedy,

This letter refers to the cut backs that can affect me and thousands of other kids in drug programs. I came from a place of darkness. A darkness that society called us junkies, muggers, thieves, murderers, dealers, and things of that nature. I was in this program once before. I had left thinking that I couldit obtain any help here. All I had gotton for myself was a bullet in my back and busted for dealing again. Now that I'm back, I realize that I do need the help that this place provides. The things we learn here, we can never possibly learn on the streets. I have become more aware of my emotions and have learned to control my impulsive behavior. The friendships we build here, will carry us on a more positive direction. I've come this far; to begin to see the light so please dont take this program away and leave me in darkness for this time I might die.

Yours truly,
Frank Paglia,

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OFFICE OF
SENATOR
EDWARD M. KENNEDY
WASHINGTON, D.C.

1982 FEB 26 PM 12 55

Honorable Edward M Kennedy
U.S. Senate
109-Russel Senate Office Building
Washington DC 20501

Dear Honorable Edward M Kennedy;

I am writing in reference to the tax cuts dealing with drug programs all over the states. I am a resident in one of these programs, and like many people just like myself, this program is saving my life. This program helps me to deal with my problems and emotions without running to drugs. It helps to set me off in the right direction instead of going the wrong way which I always have. The things it teaches you, you can never learn anywhere else. There is definitely a great need for drug programs because there are alot of people, all over the world that do have drug problems, and if they are set in the right direction they can lead very productive lives. The people that go to jail will always keep doing whatever they were doing before they got there, but if given the opportunity they can change their lives too, just like I am on my way to doing. If this place closes down because of money problems, I will lose my chance to the life I never enjoyed.

Very Truly Yours,

Lori Keegan

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Senator HAWKINS. That concludes this hearing. I would like to invite those members of the panel that have stayed and those from Second Genesis to be my guests for lunch. I know you have waited a long time. [Applause.]

[Whereupon, at 2:17 p.m., the subcommittee was adjourned.]

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